

ANTLERLESS DEER LICENSE APPLICATION



(This application may be copied, but an original signature on each application is required.)

CID Number: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____
(large 9-digit number on your hunting license) Mo. Day Year

Resident check here ____ **(Cost \$6.90)** Nonresident check here ____ **(Cost \$26.90)**

Check if this is part of a group application _____ (all applicants must select the same preference(s))

WMU Preference (enter letter and number): 1st _____ 2nd _____ 3rd _____

Name: _____
First Middle Initial Last

Legal Address: _____
Street or RR City/Town

State Zip Code

Check No. _____ Amount \$ _____ Phone No. (____) _____ - _____

Signature: _____ Must be written Date Signed: ____ / ____ / ____