



APPLICATION

Controlled Rabbit Hunting Preserve Operator's License

(This license allows the hunting of rabbits with dogs in an enclosure)

Applicant's Name	<div style="display: flex; justify-content: space-between;"> (Last) (First) (M. Initial) </div>	Telephone #	()
Applicant's Address	<div style="display: flex; justify-content: space-between;"> (Street) (City) (State) (Zip Code) </div>		
	<div style="display: flex; justify-content: space-between;"> Date of Birth (required) Email </div>		
Name of Preserve			
Preserve Address	<div style="display: flex; justify-content: space-between;"> (Street) (City) (State) (Zip Code) County of Preserve </div>		
GPS Coordinates of Preserve Entrance:	GPS Latitude _____	GPS Longitude _____	
Total Preserve Acres Owned:	Total Preserve Acres Leased:	Total Preserve Acres:	Type of Preserve (Check one)
_____	_____	= _____	<input type="checkbox"/> Commercial Preserve <input type="checkbox"/> Private Preserve

Check if you would like your contact information provided to the public on our website.

I hereby certify that all information contained herein is accurate and truthful to the best of my knowledge. I have read and understand the rules and statutes pertaining to the collection of wildlife in North Carolina, under 15A NCAC 10H .1601 and G.S. 113-134, G.S. 113-273(G), 113-276(K) and agree to abide by these regulations. I understand that the Commission may revoke my license at any time and confiscate all wildlife in my possession should I violate any of these regulations or the conditions listed on my license.

It is the duty of the applicant to ensure that they are in compliance with all applicable local, state, and federal laws prior to submitting this application.

		<p>Send completed application with a check or money order for \$27.00* made payable to NCWRC to:</p> <p>N.C. Wildlife Resources Commission Attn: License Section 1707 Mail Service Center Raleigh, NC 27699-1700 1(888) 248-6834 www.ncwildlife.org</p>
Applicant Signature	Date	
Print name of additional operator	Date of Birth	
Print name of additional operator	Date of Birth	
Print name of additional operator	Date of Birth	

*Price includes transaction fee as mandated by G.S. 113-270.1B.

Note: Transactions are not considered final until the check has cleared the bank. Items purchased with a returned check will be made invalid. A service charge of up to \$25 will be charged on returned checks (G.S. 25-3-506)