

Taxidermy License Application

The individual named and identified below hereby applies for a license authorizing the practice of taxidermy involving wildlife during the calendar year ending December 31 under the business name and at the location indicated.

PLEASE PRINT

Name of Individual:				
Mailing Address:Street or Po				
Street or Po	O Box	City	State	Zip
Resident Address:				
(if different from above)				
NC Driver License Number:		Date of Birth:		
Business Name:		Email Address:		
Business Location:				
		()	ephone Number	
County of Business	County of Business Telephone Number			
LIST PICK UP STATIO (ATT	ACH ADDITI	IONAL SHEET IF NI		IY LICENSE
Nume.			County	
Address:				
Street		City	State	Zip
Name:				
			County	
Address:				
Address:Street		City	State	Zip
	Make check of	or money order payal	ole to NCWRC	
In addition to a taxidermy license, li (deer, elk, etc.) must also obtain a ta				
Taxidermy License (*Price includes tr Cervid Certification (required to taxion)		•		
Total				\$
Mail application with fee to:	License S 1707 Mai	dlife Resources Com Section il Service Center NC 27699-1700	mission	

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).

Office Location: NCSU Centennial Campus, 1751 Varsity Drive, Raleigh, NC

Website: www.ncwildlife.org

Revised 01/2020