

**Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

**Mail to:**  
Department of Natural Resources  
Taxidermist Application - CS/1  
PO Box 7924  
Madison, WI 53707-7924

## Taxidermist Permit Application

Form 9400-400 (R 05/22)

**License Expires 12/31 of the following year**

**Notice:** Use of this form is required by the Department for any application filed pursuant to s. 29.506, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Law [ss. 19.31-19.39, Wis. Stats.].

\*To obtain a DNR customer number contact 1-888-936-7463. A social security number or federal employer identification number is REQUIRED when applying for a license according to Chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Workforce Development or Department of Revenue.

Pursuant to the provision of s. 29.506(2), Wis. Stats., I hereby apply for a Taxidermist Permit to mount or preserve the carcass of any wild animal for consideration and all privileges defined under Class A Fur Dealer's License, s. 29.501, Wis. Stats.

*(Please print or type)*

Applicant's Name (Last, First, Middle)	Department of Revenue Seller's Permit Number (REQUIRED)
Address	DNR Customer Number*
City, State, Zip Code	Date of Birth
Name of Business <i>(if applicable)</i>	Email
Business Address, City, State, Zip Code <i>(if applicable)</i>	Business Telephone Number (include area code)

You will be contacted by DNR staff about your application after it has been reviewed. If approved, an approval will be posted to your Go Wild account that will allow you to obtain and pay for your license online or at an agent location. The Resident license fee is \$50.00 and the Nonresident fee is \$100.00.

### DO NOT SEND PAYMENT WITH APPLICATION

Withhold personal identifiers collected on this form from disclosure on any list of 10 or more individuals that the DNR is requested to provide to another person [s. 23.45, Wis. Stats.].

### WISCONSIN RESIDENT

I hereby certify that I have resided in this state for a period of thirty days preceding this date and that my taxidermist privileges are not now revoked by reason of a conviction for a violation of the fish and game laws of the State of Wisconsin.

Signature of Applicant	Date Signed
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### NONRESIDENT

I certify that I am a resident of the state of \_\_\_\_\_ and that my taxidermist privileges are not revoked by reason of a conviction of the fish and game laws of the State of Wisconsin. Also, I have complied with all of the laws regulating the issuance and purchase of this permit.

Signature of Applicant	Date Signed
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