

License Expires 12/31

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

- Resident \$ 40
- Nonresident (Fishing only) \$100

Notice: This form is required by the Department for any application filed pursuant to s. 29.512, Wis. Stats. The Department will not consider your application unless you complete and submit this application. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39, Wis. Stats.

* 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 the Department of Revenue.

(Please print or type)

Last Name Kropidowski		First Jared	MI R	DNR Customer Number 814-204-889		
Street or Route 12770 Loveless Ln			City Manitowish Waters		State WI	ZIP Code 54545
*Social Security Number/Federal Employer Identification Number			Driver's License Number			
Email northernhighlandguide@gmail.com			Daytime Phone Number (include area code) 715-525-1689			
Birthdate (mm/dd/yyyy) 06/06/1987	Color Eyes Blue	Color Hair Brown	Weight 210	Height 6' 2"	Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female	
<input type="checkbox"/> 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.].			Payment Method: <input type="radio"/> Check or money order: Payable to DNR			
			<input type="radio"/> MasterCard <input type="radio"/> Visa			
Are your license privileges now revoked by reason of a conviction for violation of the fish or wildlife laws? <input type="radio"/> Yes <input checked="" type="radio"/> No			Card Number: _____ Expiration Date: <input type="text"/> / <input type="text"/> Security Code: _____			

Oath of Office

I solemnly swear that I will well and faithfully perform the duties of the office of a Guide licensed by the State of Wisconsin Department of Natural Resources in accordance with the provisions of s. 29.512(1), Wis. Stats.

I solemnly swear that I am the person making the above application; that the statements therein are true; that my license privileges are not now revoked by reason of a conviction for a violation of the fish or wildlife laws; that I will not permit any other person to use my license; that I am at least eighteen years of age; and that I will faithfully observe and comply with the fish and wildlife laws and Wisconsin Administrative Code of the State of Wisconsin.

Wisconsin RESIDENT Hunting, Trapping or Fishing Guide

I certify that I have resided in the state of Wisconsin for a period of thirty days preceding this date and hereby apply for a Guide License to guide, direct, or assist other persons in hunting, trapping or fishing in the State of Wisconsin. I submit my oath of office as provided by law and the statutory fee of \$40.00 for the Guide License.

Signature of Applicant	Date Signed
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NONRESIDENT Fishing Guide

I hereby certify that I am a resident of the state of _____ and hereby apply for a Guide License to guide, direct, or assist other persons fishing in the State of Wisconsin. I submit my oath of office as provided by law and the statutory fee of \$100.00 for the Guide License.

Signature of Applicant	Date Signed
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