

Annual Taxidermist Record

July 1, 200__ through June 30, 200__

(Maintain the record for at least 2 years after the end of the license year)

Taxidermist's Name: _____ **Page** _____ **of** _____

Name, address, & phone number of the person from whom each wildlife item was <i>received</i> :	Date Item Received:	Describe Each Wildlife Item:	Tag, Seal, Permit No.	Name, address, phone number of person to whom each item was <i>returned</i> :	Date Item Was Returned
Name: _____ Address: _____ Phone: _____				Name: _____ Address: _____ Phone: _____	
Name: _____ Address: _____ Phone: _____				Name: _____ Address: _____ Phone: _____	
Name: _____ Address: _____ Phone: _____				Name: _____ Address: _____ Phone: _____	
Name: _____ Address: _____ Phone: _____				Name: _____ Address: _____ Phone: _____	
Name: _____ Address: _____ Phone: _____				Name: _____ Address: _____ Phone: _____	

**** Enter the required information immediately upon receipt of wildlife items, and when the items are returned to the owner.**