MISSISSIPPI DEPARTMENT OF WILDLIFE, FISHERIES, AND PARKS NON-RESIDENT ARMED FORCES 14-DAY HUNTING/FISHING LICENSE

MAKE CHECK OR MONEY ORDER PAYABLE TO MISSISSIPPI DEPT. OF WILDLIFE, FISHERIES, AND PARKS

APPLICATION

Mail to: 1505 Eastover Drive Jackson, MS 39211

Attention: ARMED FORCES LICENSE

Phone - (601) 432-2055 Fax - (601) 432-2071

www.mdwfp.com

Applicants must provide a current military identification card showing that the applicant is an active member



of the United States Armed Forces (excluding Reserves and the National Guard). This license is for fourteen (14) consecutive calendar days. An applicant may only purchase two (2), Non-Resident Armed Forces 14-Day Hunting/Fishing License during a license year. Customer I.D. Number:______ Name:_____ Mailing Address: Street/PO Box City State Date of Birth: Social Security Number: XXX -XX-XXXX Driver's License Number: Driver's License State: **Hunter Education Number: Hunter Education State:** (required for all persons born on or after January 1, 1972) **Migratory Bird Survey** 1. Will you hunt migratory birds in MS this year? YES NO 2. Indicate the number of migratory birds you harvested last season: Did not hunt -0-1-10 11+ Did not hunt-0-1-30 31+ Did hunt Did not hunt Duck □ Doves Snipe/Coots Rails/Gallinules Geese □ □ Woodcock □ □ □ License **Process** Total Agent Price Fee Fee Cost □ Armed Forces 14-Day Hunting/Fishing - start date of trip: / / \$32.00 \$4.25 \$1.00 \$37.25 (includes Fall Turkey Permit, Spring Turkey Permit, Deer Permit, Freshwater Fishing, Archery Primitive Weapon - does not include Saltwater Fishing) \$4.25 \$1.00 \$35.25 ■ WMA Permit \$30.00 ■ Annual Saltwater Fishing \$30.00 \$4.25 \$3.00 \$37.25 ☐ State Waterfowl Stamp - Electronic Privilege \$4.25 \$1.00 \$24.25 \$19.00 □ 3-Day Saltwater Fishing \$2.00 \$21.25 \$15.00 \$4.25 Total: \$ Obtaining a license under an assumed name or making a materially false statement to obtain a license is a felony. Licensee Signature Phone Number_____ Fax Number_____ Name on Credit Card______ E-mail Address____ Credit Card Number **Expiration Date:** Please circle one: MASTERCARD or VISA