OFFICE USE ONLY
LICENSE #:
DATE:
INITIALS:

WYOMING GAME AND FISH DEPARTMENT
PIONEER APPLICATION
FOR BIRD, FISH AND SMALL GAME LICENSE

ALL PERSONAL INFORMATION REQUESTED ON THIS FORM IS REQUIRED

|_____|_____|____|_____|| X | X | X | - | X | X | - |___|___|___|___|
Last Name | First Name | MI | Suffix | SOCIAL SECURITY NUMBER (Last 4 digits required)

|_____|_____|_____|_____|
Mailing Address | City | State | Zip Code

|_____|_____|_____|_____|
Physical Address | City | State | Zip Code

|_____| |_____| |_____| |____-____| |_____/_____/_____| |_____| |_____-_____-_____|
Weight | Eyes | Hair | Height | DOB (MM/DD/YYYY) | Sex | Daytime Phone #

|_____
Email Address (optional)

PROOF OF RESIDENCY (REQUIRED TO BE ELIGIBLE FOR A PIONEER BIRD, FISH AND SMALL GAME LICENSE):

YRS WY RES. [ ][ ]

ONE of the following must be provided: WY Driver's License Number or WY ID Card Number [ ][ ][ ][ ][ ][ ] – [ ][ ][ ] **OR**

Complete the PROOF OF RESIDENCY form ON REVERSE SIDE

Per Wyoming State Statute §23-1-705 (d) the department shall issue, without charge, lifetime bird, small game and fish licenses to any resident who is over sixty-five (65) years and who has resided in Wyoming for at least thirty (30) TOTAL years preceding application for the license. No year of residence prior to the resident's tenth (10th) birthday shall be counted toward the thirty (30) year requirement.

The license is valid as long as the licensee remains a Wyoming resident.

Under penalty of prosecution, I swear that the information given by me on this application is true and correct. I swear, under penalty of prosecution, that I am a United States citizen and have been a resident who is over sixty-five (65) years and a resident of Wyoming and domiciled in Wyoming for not less than thirty (30) TOTAL years preceding application for this license after my tenth (10th) birthday or that I am an alien and have resided in Wyoming for at least thirty (30) total years after my tenth (10th) birthday prior to the date of this application, and that all information contained herein is true and correct.

Resident Applicant's Signature _____ Date_____

☐ Check this box only if you would like your e-mail address, year of birth, and telephone number **made available** as public information as per state law (W.S. § 23-1-706). Other Information given on application may be made available as public information, except as provided by law.

Licenses are issued only at Wyoming Game and Fish Department Regional Offices located in JACKSON, PINEDALE, CODY, SHERIDAN, GREEN RIVER, LARAMIE, LANDER, CASPER or the Wyoming Game and Fish Headquarters located in CHEYENNE. Applications can be mailed to: Wyoming Game and Fish Department, License Section, 5400 Bishop Boulevard, Cheyenne, WY 82006-0001.

Revised 08/2020