



# ARIZONA GAME AND FISH DEPARTMENT

[PLEASE PRINT OR TYPE]

**\*\*Social Security Number is voluntary-to be used only for Sportsman's Database Only\*\***

## APPLICATION FOR A LIVE BAIT DEALER'S LICENSE

**Fee: \$35.00**

**CIRCLE ONE: NEW or RENEWAL**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department ID Number/SSN: \_\_\_\_\_ Email \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Business Location where aquatic wildlife will be held and sold (one application per place of business):

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Species and numbers to be held and sold:

Mosquitofish \_\_\_\_\_ Goldfish \_\_\_\_\_ Golden Shiner \_\_\_\_\_

Fathead Minnow \_\_\_\_\_ Red Shiner \_\_\_\_\_ Waterdogs \_\_\_\_\_ Threadfin Shad \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attachments: Additional information required under R12-4-411

\_\_\_\_\_ Description/diagram of facilities where wildlife will be held

\_\_\_\_\_ Fish Disease Certification – Specified in Disease Stipulations

APPLICANT SIGNATURE: I certify the above is true and correct, and that my live wildlife privileges are \_\_\_\_\_ Date  
not revoked in this or any other state or the United States.

Approved By \_\_\_\_\_

Date \_\_\_\_\_

FORM 2711-A Revised 07/08

### FOR DEPARTMENT USE ONLY

Date Received \_\_\_\_\_

Region: \_\_\_\_\_

Date Reviewer Received \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Valid From: \_\_\_\_\_

To: \_\_\_\_\_