

Lower Ohio River Trophy Catfish Permit Application

☐ New ☐ Renewal	Office Use Only
Application must be postmarked by March 10th.	Receipt #:
APPLICANT INFORMATION	Permit/License #:
Name of Applicant (First, Middle Initial and Last Name):	
Social Security # or Federal Tax I.D. #:	
Mailing Address:	
City:	_ New or Opdated Address: Yes No No State: Zip Code:
Phone: Email:	\sim
County (if resident): Statement of Fact: (Required by KRS 164.772)	Mail application to: Kentucky Department of Fish and Wildlife Resources
I hereby state that I am not in arrears or default on a repayment under any financial assistance program with Kentucky Higher Assistance Authority. I understand that it I am in arrears or defrepayment obligation under any financial assistance program of the control of the con	#1 Sportsman's Lane Frankfort, KY 40601 ATTN: Fisheries Division
Higer Education Assistance Authority, my license or permit ma	·
Statement:	
I, the undersigned, hereby state that upon signing this instrum	
Resources (KDFWR) and all of its employees shall be released	
of this license or permit. I certify that I have read and underst my knowledge, the information herein is correct and true.	tand 301 KAR 1:155. Further, I certify that, to the best of
Signature	Date: