



FERAL SWINE HUNTER LICENSE APPLICATION

Return to: Animal Industry Division, 2800 N Lincoln Blvd, Oklahoma City, OK 73105
OR Email to: Dana.Call@ag.ok.gov | Questions? Call us: (405) 522-6141

Name: _____ Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ County: _____ ZIP: _____

**OKLAHOMA FERAL SWINE HUNTER LICENSES ARE VALID
JANUARY 1 TO DECEMBER 31 OF THE CALENDAR YEAR**

Allow 3 to 5 business days for payment confirmation and license processing

Has the applicant(s) been convicted of a felony, misdemeanor, administrative, or civil violation of any natural resource requirements, including but not limited to forestry, fisheries, environmental, domestic, or wildlife animal health within the last 3 years in Oklahoma or any other jurisdiction? Or, has the applicant(s) had any equivalent license denied, revoked, or suspended by any authority, except in accordance with the provisions of 2 O.S. § 6-514?

Yes ☐ No ☐

If Yes, attach a list and description of all offenses

Enclose \$25.00 payment with application by check, money order, or credit card (see below).

Name on Card: _____ Amount: _____ Visa ☐ Mastercard ☐ Discover ☐
Expiration Date _____
Card Number: _____ Security Code: _____ Month: _____ Year: _____

"I, the licensure applicant, certify under penalty of law this document, all attachments, and information submitted are to the best of my knowledge and belief true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation. Furthermore, I acknowledge that I have read and understand the Feral Swine Control Act and applicable administrative rules."

Signature of Applicant: _____ Date: _____

Please be aware that a processing fee will be added to all credit card transactions. This fee covers the cost of processing your payment through our third-party provider. The fee is calculated at 2.7% of the transaction plus \$0.49 for the transaction.

FOR OFFICE USE ONLY

Approving Signature: _____ Date: _____

Receipt # _____ Amount _____