

APPLICATION FOR TRAPPING LICENSE Under Provisions of R.I. GL 20-16-7 through 20-26-13 as amended

License Number	(New or Renev	val):		
Name:				
Address:		City:		
State:	Zip Code:			
Date of Birth:				
Hair Color:	Weight:	Eye Color:	Height:	
*	f additional informa	ition is needed please	provide us with one of the follow	ing:
Phone number:		or Email	address:	
Resident	\$15.0	00	Non-Resident	\$50.00
Resident - *Und	er penalty of law	I certify that the fo	License or State Identificati pregoing statements are tru sident of the state of Rhode	e, and I have
Signature of Resident/Nonresident			 Date:	

Notes: Checks/Money Orders payable to State of RI - DEM & mail or deliver to the address below

Mail to: RI DEM, 235 Promenade St., Room 360, Providence, RI 02908