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Governor

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Lieutenant Governor

State of Utah

DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER
Executive Director

Division of Wildlife Resources

JAMES F. KARPOWITZ
Division Director

To whom it may concern:

As of April 26, 1992 under Section 23-19-38 enacted by the Legislature, we are now able to process a refund for the legal heir of the decedent. Attached is a form that must be filled out. You will also need to include the following:

THE PERSON LEGALLY ENTITLED TO ADMINISTER THE DECEDENT'S ESTATES PROVIDES THE DIVISION WITH:

- A. picture identification;
- B. letters testamentary, letters of administration, or such other evidence establishing the person is legally entitled to administer the affairs of the decedent's estate;
- C. photocopy of the decedent's certified death certificate; and
- D. license, permit, or certificate of registration for which a refund is requested

Please return all information to:

Attn: Licensing
Division of Wildlife Resources
1594 West North Temple Suite 2110
Box 146301
Salt Lake City, Utah 84114-6301

Revised 03/09





APPLICATION FOR A REFUND FOR A DECEDENT

Utah Code Annotated, Section 23-19-38 as enacted by the 1992 Legislature provides:

(4) The division may refund the amount of the license, permit or certificate of registration if the person to whom it was issued dies prior to use of the hunting or fishing activity authorized by the license, permit or certificate of registration.

Name of Decedent: _____

Address: _____
(city, state, and zip code)

Name of legal heir: _____

Address: _____
(city, state, and zip code)

Phone #: (____) _____
Area Code

Signature of legal heir: _____ Date: _____

TO BE COMPLETED BY DIVISION OF WILDLIFE PERSONNEL

The following documents must be attached:

_____ Picture identification (of the legal heir)

_____ Proper identification establishing the person is legally entitled to administered the decedent's estate

_____ A photocopy of the decedent's certified death certificate

_____ License, permit, or certificate to be refunded

Signature: _____ Date: _____
(DWR personnel accepting application) (Regional Office)