APPLICATION

for Certificate of Registration (COR)							
- FREE GROUP FISHING PRIVILEGES (23-19-14) -							
FILL	OUT COMPLETELY AND I	Initial Ye	Application s _ No _				
INSTITUTION (name and complete address):		COMPLETE THE FOLLOWING CONTACT OR RESPONSIBLE					
			Date of Birth				
			Home Phone				
			Work Phone				
3. PURPOSE: TO AUTHORIZE PERSONS IN SAID INSTITUTION TO FISH WITHOUT A LICENSE							
4. SPECIFIC LOCATIONS AND DATES OF OUTINGS:							
	DATE	LOCATION					
				_			

5. NAMES OF STAFF MEMBERS ACCOMPANY LICENSE IF THEY ARE GOING TO FISH):	YING CLIENTS (STAFF MEMBERS MUST HA	VE A VALID FISHING				
6. NAMES AND AGES OF INDIVIDUAL CLIENTS WHO WILL BE ATTENDING:						
AGE NAME	AOE NAME					
AGE NAME	AGE NAME					
	-					
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7. APPLICATION MUST BE SUBMITTED AT LEAST TEN DAYS PRIOR TO FISHING OUTING. MAIL APPLICATION TO:

UTAH DIVISION OF WILDLIFE RESOURCES WILDLIFE REGISTRATION OFFICE 1594 WEST NORTH TEMPLE, SUITE 2110 BOX 146301

SALT LAKE CITY, UT 84114-6301

I HEREBY CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH THE RULES PERTAINING TO THE ACTIVITY(IES) APPLIED FOR AND THAT I ACCEPT ANY AND ALL LIABILITY RESULTING FROM THE ISSUANCE OF A CERTIFICATE OF REGISTRATION. I FURTHER CERTIFY THE INFORMATION SUBMITTED IN THIS APPLICATION FOR A COR IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEVE THAT ALL INDIVIDUALS LISTED IN THIS APPLICATION IN SECTION 6 QUALIFY FOR FREE FISHING PRIVILEGES UNDER SECTION 23-19-14, UTAH CODE. I UNDERSTAND ANY FALSE STATEMENT HEREIN MAY RESULT IN THE APPLICATION BEING DENIED.

Date

Applicant signature