MISSISSIPPI DEPARTMENT OF WILDLIFE, FISHERIES, AND PARKS
NON-RESIDENT ARMED FORCES 14-DAY HUNTING/FISHING LICENSE APPLICATION

MAKE CHECK OR MONEY ORDER PAYABLE TO MISSISSIPPI DEPT. OF WILDLIFE, FISHERIES, AND PARKS

Mail to: 1505 Eastover Drive
Jackson, MS 39211
Attention: ARMED FORCES LICENSE
Phone - (601) 432-2055 Fax - (601) 432-2071
www.mdwfp.com

Applicants must provide a current military identification card showing that the applicant is an active member of the United States Armed Forces (excluding Reserves and the National Guard). This license is for fourteen (14) consecutive calendar days. An applicant may only purchase two (2), Non-Resident Armed Forces 14-Day Hunting/Fishing License during a license year.

Customer I.D. Number:_____ **Name:**_____

Mailing Address:_____
Street/PO Box City State Zip

Date of Birth:_____ **Social Security Number:**_____
MM/DD/Year XXX -XX-XXXX

Driver's License Number:_____ **Driver's License State:**_____

Hunter Education Number:_____ **Hunter Education State:**_____
(required for all persons born on or after January 1, 1972)

Migratory Bird Survey

1. Will you hunt migratory birds in MS this year? _____YES _____NO
2. Indicate the number of migratory birds you harvested last season:

	Did not hunt	-0-	1-10	11+		Did not hunt	-0-	1-30	31+		Did not hunt	Did hunt
Duck	❑	❑	❑	❑	Doves	❑	❑	❑	❑	Snipe/Coots	❑	❑
Geese	❑	❑	❑	❑	Woodcock	❑	❑	❑	❑	Rails/Gallinules	❑	❑

	License Price	Process Fee	Agent Fee	Total Cost
❑ Armed Forces 14-Day Hunting/Fishing - start date of trip: _____/_____/_____ (includes Spring Turkey Permit, Deer Permit, Freshwater Fishing, Archery/Primitive Weapon/Crossbow - does not include Saltwater Fishing)	$32.00	$4.42	$1.00	$37.42
❑ WMA Permit	$30.00	$4.42	$1.00	$35.42
❑ Annual Saltwater Fishing	$30.00	$4.42	$3.00	$37.42
❑ State Waterfowl Stamp - Electronic Privilege	$19.00	$4.42	$1.00	$24.42
❑ 3-Day Saltwater Fishing	$15.00	$4.42	$2.00	$21.42
			Total:	**$**

Obtaining a license under an assumed name or making a materially false statement to obtain a license is a felony.

Licensee Signature_____ **Date:** _____
Phone Number_____ **Fax Number**_____
Name on Credit Card_____ **E-mail Address**_____
Credit Card Number _____ **Expiration Date:**_____
Please circle one: MASTERCARD / VISA / DISCOVER **CVV Code:** _____

Please be advised, an additional fee will be applied for payments made using a credit card.