



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS, Augusta, ME 04333**  
**Phone 207-287-5207 / Fax 207-287-9037**

**HIDE DEALER AND SPECIAL HIDE DEALER APPLICATION**

*In accordance with the provisions of the Revised Statutes, Title 12, Section 12954, a Hide Dealer's License is valid for one year commencing July 1<sup>st</sup> of each year. Title 12, Section 12955, a Special Hide Dealer's License is valid from January 1<sup>st</sup> and expires December 31<sup>st</sup> of each year.*

New Application: \_\_\_\_\_ Renewal Application: \_\_\_\_\_ Last Year Licensed: \_\_\_\_\_ Moses ID: \_\_\_\_\_

Resident License - \$60.00 \_\_\_\_\_ Non-Resident License - \$110.00 \_\_\_\_\_ Special Hide Dealers License - \$12.00 \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last MI

Mailing Address: \_\_\_\_\_  
Street/Road or Box # City or Town State Zip Code

Physical Address: \_\_\_\_\_  
Street or Road City or Town State Zip Code

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Social Security or Federal ID# \_\_\_\_\_

- A. Number of logbooks requested (**Each book has space for 70 transactions**): \_\_\_\_\_
- B. Hide Dealer renewal applicants must ensure all logbooks from the past year are returned before being issued a license.
- C. Special Hide Dealer applicants do not need to report but must maintain log records for at least 3-years.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Game Warden (Print):** \_\_\_\_\_

**Game Warden Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAIL OR EMAIL APPLICATION WITH THE APPROPRIATE FEE:**  
**Make check payable to: Treasurer, State of Maine**

**Department of Inland Fisheries and Wildlife**  
**Licensing Division**  
 353 Water Street, SHS 41  
 Augusta, ME 04333  
[billie-jo.walker@maine.gov](mailto:billie-jo.walker@maine.gov)

CREDIT CARD PAYMENT	
<b>All Major Credit Cards Accepted</b>	
<b>Name on Card:</b>	_____
<b>Card #:</b>	_____
<b>Expiration Date:</b>	____/____ <b>Code:</b> _____
<b>Billing Address:</b>	_____ _____

Official Use Only

Log Books Assigned: # \_\_\_\_\_ to \_\_\_\_\_ Date: \_\_\_\_\_  
 Log Books Assigned: # \_\_\_\_\_ to \_\_\_\_\_ Date: \_\_\_\_\_  
 Log Books Assigned: # \_\_\_\_\_ to \_\_\_\_\_ Date: \_\_\_\_\_