

# ALLIGATOR PARTS TRANSACTION FORM

CIRCLE ONE BELOW

HUNTER

FARMER

DEALER

**FROM:**

**TO:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

License No. \_\_\_\_\_

License No. \_\_\_\_\_

Whole Carcasses: No.	Pounds	Pounds of Meat Deboned	Pounds of Meat Bone - In	Heads	Number Of: Feet	Teeth	No.	Other Alligator Parts: Description	Alligator CITES Tag Numbers

**ALL ENTRIES MUST BE MADE AT THE TIME OF EACH PURCHASE.**

I certify that the information given in this report is true and correct.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This completed and signed form is to be filed annually, no later than June 30 with the Louisiana Department of Wildlife & Fisheries, CNR Division, Eric Ledet-Alligator Program, P.O. Box 98000, Baton Rouge, La. 70898-9000.