

Application and Affidavit for Recreational License

Background:

The Bureau of Child Support is providing this form to you to comply with state statutes pertaining to individuals who do not have a Social Security number and who are applying for a recreational license under the following Wisconsin Statutes §§. 29.971 and 29.974.

If an individual who applies for a license under your agency's respective license statute does not have a Social Security number, the individual, as a condition of obtaining that license, shall submit a statement made or subscribed under oath or affirmation to the board that the individual does not have a Social Security number. The form of the statement shall be prescribed by the Department of Children and Families. A license issued in reliance upon a false statement submitted is invalid.

Instructions to Applicant:

Complete the affidavit in full, sign, and mail the application to the Madison address below. Your request will be processed. A notice will be mailed back to you with your DNR Customer ID number so you can purchase a license. This number will appear on all licenses and you will need to present this number and your birth date for all future license purchases.

WI DNR
Customer & Outreach Services – CS/1
PO Box 7924
Madison, WI 53707-7924

You can also take the affidavit to any DNR Service Center or license agent to purchase your fishing and/or hunting license. The agent will contact the DNR, fax the application in, and request a DNR Customer ID Number for you. This may take several minutes and may require you to come back to the agent after they receive confirmation that a DNR Customer ID Number was made for you. The agent will collect the original affidavit from you and send it to the Wisconsin DNR.

Instructions to Agents:

Please keep the original for your agency and mail or FAX a copy of the completed form to:

Department of Children and Families
Bureau of Child Support
Attn: License Coordinator
P.O. Box 7935
Madison, WI 53707-7935

Email: bcinfo@wisconsin.gov

Fax Number: (608) 422-7165

All completed forms must be maintained in a locked, confidential file. Thank you for your cooperation.

Wisconsin Department of Children and Families Bureau of Child Support

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Please print your responses. Each signature on the affidavit must be signed in the presence of a notary public. The completed notarized form must be submitted to the DOT.

Full Name of Applicant (First)		(Middle)	(Last)		
Address Street		Apt	City	State	Zip Code
Mailing Address (if different than above)					
Gender (circle one) Male / Female	Height (feet) (inches)	Weight		Hair Color	Eye Color
Date of Birth	County of Birth		State of Birth		
Telephone Number	Cell Phone Number		Driver's License No.		
Applicant's Guardian's Full Name (First)		(Middle)	(Last)		
Applicant's Guardian's Full Name (First)		(Middle)	(Last)		

UNSWORN DECLARATION

I hereby attest that I do NOT have a social security number because:

- I have an approved IRS form 4029 (exemption from paying social security taxes)
- Other (explanation required) _____ . If at any time in the future I obtain a social security number, I will provide it with my next application for renewal.

I understand that providing a false affidavit automatically makes this application invalid. Therefore, any and all licenses issued as a result will also be invalid, and I may be subject to penalties for false swearing under s. 946.32, Stats., and for hunting, fishing, or trapping without a valid license under ss. 29.971 and 29.974, Stats.

Applicant Signature

FOR DNR USE ONLY:	Date Assigned: _____
DNR Customer Number: _____	Date Forwarded to DCF: _____