



Oregon Department of Fish and Wildlife

Retailer Information

Please Print

Date _____

Agent Number: _____
(Existing Agents Only)

Agent Business Name _____

Location Address _____
Address City State Zip

Mailing Address _____
Address City State Zip

Location Phone Number: (____) _____ - _____ Location FAX (____) _____ - _____

Email Address: _____

Contact Person: _____

Store Hours: _____ to _____
Sunday Monday-Friday Saturday

What type of store? (sporting goods, Mini Mart, etc) _____

Corporate Name (If different than above) _____

Corporate Contact Person: _____

Corporate Mailing Address: _____
Address City State Zip

Corporate Telephone Number: (____) _____

Corporate FAX Number: (____) _____

Emergency Contact Person (not living with you): _____
Name Phone Number

Emergency Contact Mailing Address _____
Address City State Zip

This information will be entered into a database and used for sending Department information to retailers by mail, FAX or e-mail, and to assist Hotline operators to resolve system problems.

Please return this form to ODFW - License Services, Attn: Ric, 4034 Fairview Industrial Dr. SE, Salem, OR 97302. You may FAX to (503) 947-6113. If you have questions please call (503) 947-6115.

FOR INTERNAL USE ONLY

Contracts Sent _____ Contracts Received _____ Contract Sent Back _____ iPOS Site Prep _____
iPOS User Form _____ Supplies _____ Contingency Plan _____