

# South Carolina WMA Alligator Harvest Report

**Report Deadline is November 1st.** All Public Alligator Hunting Participants must complete and submit this form regardless of whether or not an alligator was taken. All applications must be **postmarked** by November 1st. **Failure to submit report will make the hunter ineligible to apply for or participate in the following season's hunt.**

**NOTE:** This form must be completed within 24 hours of harvesting an alligator and submitted to the address at the bottom of this form within 5 days. This form may be faxed to 803-734-3691



South Carolina Department of  
Natural Resources

PO Box 167  
Columbia, SC  
29202

Phone: 803-734-3609

Fax: 803-734-3691

[www.dnr.sc.gov](http://www.dnr.sc.gov)

## Permitted Hunter's Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Harvest Tag #:

**You MUST Provide Tag number whether or not an alligator was taken or whether or not you hunted.**

Click to print this form

## Harvest Information:

Did Not Hunt  
*(If checked, sign and return form)*

Hunted, Did Not Harvest an Alligator  
*(Do not check if you did not hunt)*

Submit data via email

Date of Harvest: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM County of Harvest: \_\_\_\_\_

### Exact Location of Harvest:

(Be as specific as possible. List location name, body of water, boat landing name, & GPS coordinates if available. If taken from a WMA, list the WMA and description of area).

Hunt Unit or WMA (Where taken)  Southern Coastal  Bear Island WMA  Middle Coastal  Santee Coastal WMA

Carcass Length (in Feet & Inches): \_\_\_\_\_ Feet and \_\_\_\_\_ Inches Weight (if Measured): \_\_\_\_\_ Pounds  
*Do not list an estimated weight, only weights measured on scales*

Sex (Check one):  Male  Female  Unknown *(Do not guess the sex of the animal, if unknown, check the unknown box. The sex of an alligator is determined by probing the vent with a finger for the presence or absence of a male sex organ).*

Total Meat Yield: \_\_\_\_\_ Pounds  Hide Sold  Hide Kept  Hide Discarded  Hide Given Away

## Method of Take: *(If more than one device is used, list the device used to attach first line)*

Hook & Line  Bow  Crossbow  Snare  Harpoon  Gig

Other (describe): \_\_\_\_\_

# of Hunting Trips: \_\_\_\_\_ *Count any part of a day hunted as a trip*

Did you hire a guide on any of your trips?  Hired a guide  Did not hire a guide

Date: \_\_\_\_\_

Permittee's Signature \_\_\_\_\_

*I certify that the information provided is true and correct.*

**INSTRUCTIONS:** All hunters (whether you hunted or not) are required to complete and submit this form by November 1 to:

**SCDNR Alligator Project  
PO Box 167  
Columbia, SC 29202**

**Successful hunters must complete this form within 24 hours of taking an alligator, and submit the form to the address at left (or fax) within 5 days of harvest.**

**Forms may be faxed to 803-734-3691**