

DISABLED RESIDENT'S HUNTING/FISHING LICENSE APPLICATION

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

2590 EXECUTIVE CENTER CIRCLE, SUITE 200, TALLAHASSEE, FL 32301

(APPLICANT NAME)

(SOCIAL SECURITY NUMBER)

(MAILING ADDRESS)

(CITY) (STATE) (ZIP)

Home Telephone (_____) _____

Date of Birth Mo. _____ Day _____ Yr. _____

Sex _____ Race _____ Height _____ FT _____ IN _____ Weight _____ Eye Color _____ Hair Color _____

I do hereby attest and affirm that I have resided in this state for six continuous months prior to this date, that I claim Florida as my primary residence and all the above information is true and correct. I understand that a change of residence to another state will invalidate this license.

New Applicant

Replacement

Renewal

Applicant's Signature

Date

The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional fishing or hunting licenses or permits to an individual in accordance with 379.352 F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.

LICENSE REQUIREMENTS

In order to receive a no cost Resident Disabled Person's Hunting and Fishing Certificate, applicants must attach a copy of one of the following which certifies the applicant as **Totally and Permanently Disabled**:

_____ Certification by the United States Railroad Retirement Board

_____ Certification by the United States Veterans Administration or any branch of the United States Armed Forces

_____ State of Florida-Department of Veterans Affairs-100% Service Connected Disabled Veteran Identification Card (**must have the statement total and permanent disabled**)

_____ Florida Department of Financial Services, Division of Workers Compensation (LES Form DWC-4)

_____ An order from a Judge of Compensation claims

_____ Written Confirmation by the carrier providing Workers Compensation benefits

---OR---

_____ Documentation of **CURRENT** (dated within the last 12 months) eligibility for **DISABILITY** Benefits from Social Security Administration (**Form SSA-1099 Not Acceptable**)

PROOF OF RESIDENCY

(MUST ATTACH A COPY OF ONE OF THE FOLLOWING FOR NEW, REPLACEMENT OR RENEWAL)

_____ Florida Drivers License (**Florida Only or Florida ID Card not acceptable**) Note: Please submit a copy of the front and back

_____ Florida Homestead Exemption

_____ Statement from the current Landlord

_____ Florida Voter's Registration Card

HUNTER SAFETY CERTIFICATION

(If born on or after June 1, 1975)

Certificate No. _____ Certifying State: _____

FOR COUNTY USE ONLY:

County: _____ Clerk: _____ Date: _____

_____ Hunting and Fishing (Salt & Fresh)

_____ Fishing Only (Salt & Fresh)