

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, 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*.

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.

TYPE OF APPLICATION: Please check one of the following

_____ New Applicant

_____ Replacement (for licenses that are still valid but have been lost or destroyed)

_____ Renewal (for licenses that will expire in the next 30 days OR have already expired)

LICENSE REQUIREMENTS: Please check one of the following AND attach a copy

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

_____ 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

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

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

---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 FLORIDA RESIDENCY: Please check one of the following AND attach a copy

_____ Florida Drivers License or Florida ID Card ("Valid In Florida Only" Driver License 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: Please provide if born on or after June 1, 1975

Certificate Number: _____

Certifying State: _____

FOR COUNTY USE ONLY:

County: _____ Clerk: _____ Date: _____

_____ Hunting and Fishing (Salt & Fresh)

_____ Fishing Only (Salt & Fresh)

REVISED 10/10