

RESIDENT PERSONS WITH DISABILITIES 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
- _____ An order from a Judge of Compensation claims verifying total and permanent disability for purposes of Workers Compensation under chapter 440, F. S.
- _____ Written Confirmation by the carrier providing Workers Compensation benefits verifying total and permanent disability for purposes of Workers Compensation under chapter 440, F.S.
- _____ 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, and ID cards issued prior to 01/01/2010 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