

# 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 s. 372.561 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 Veteran's Administration or any branch of the United States Armed Forces

\_\_\_\_\_ State of Florida-Department of Veteran's and Community Affairs-100% Service Connected Disabled Veteran Identification Card (**must have the statement total and permanent disabled**)

\_\_\_\_\_ Florida Department of Labor and Employment Security, 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)