

DISABLED RESIDENT'S HUNTING/FISHING LICENSE APPLICATION

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

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

***** **IMPORTANT:** Completed Application Must Be Mailed To Address Above *****

(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
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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)