

# 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