

STATE OF FLORIDA
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)

(STREET 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 am a Florida resident as defined in Chapter 372 and all of the above information is true and correct. I understand that a change of residence to another state will invalidate this license.

Replacement

Applicant's Signature

Date

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 Veteran's Administration
- Certification by 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)

OR

- Documentation of CURRENT eligibility for SSI or SSDI **DISABILITY** Benefits from Social Security Administration

PROOF OF RESIDENCY

(COPY ATTACHED)

- Florida Drivers License ("Florida Only" or Florida ID Card not acceptable)
 - Florida Homestead Exemption
 - Statement from the current Landlord
- OR
- Florida Voter's Registration Card AND Florida Motor Vehicle Registration

HUNTER SAFETY CERTIFICATION

(If born on or after June 1, 1975)

Certificate-No. _____ Certifying State _____

COUNTY USE ONLY:

County: _____ Clerk: _____ Date: _____

____ Hunting and Fishing

____ Fishing Only