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 Unites 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