



DEPARTMENT OF WILDLIFE RESOURCES
 LIFETIME LICENSE SALES
 P.O. BOX 2978
 HENRICO, VA 23228-9700
 866-721-6911

(Hearing impaired call TDD# 804-367-1278)

Commonwealth of Virginia - Resident Disabled Application for Lifetime License

Instructions and Lifetime License Information on page 2 (Allow up to 45 days for processing)

DWR Customer ID#: _____

All fields with an asterisk * are required below:

*Are you a United States Citizen? Yes No-If No, Provide your Visa or Green Card #: _____

*Applicant's Name: _____ *Gender: Male Female
 (Please Print) First Middle Initial Last Name

*Virginia Driver's or DMV Identification number last 4 digits: _____ *Last 4 digits of Social Security No: _____

*Mailing Address: _____

*City: _____ State: _____ Zip: _____ - _____

*Physical Address (if different from Mailing): _____

*Telephone (Cell, Home, Work, Other): _____ - _____ - _____ *Date of Birth: ____/____/____

E-mail Address: _____

Please check the license(s) you are applying for:

	Price	Select below the Disabled lifetime license(s) you are requesting:
<input type="checkbox"/>	\$15.00	FRESHWATER FISHING (A Trout license will still be required if fishing in Trout Stocked waters)
<input type="checkbox"/>	\$10.00	SALTWATER FISHING (If you are 65 and over see page 2)
<input type="checkbox"/>	\$15.00	HUNTING*(see requirements below)
<input type="checkbox"/>	\$15.00	TRAPPING
<input type="checkbox"/>	\$10.00	Upgrade your lifetime license to Hard Durable Plastic card w/design
<input type="checkbox"/>	\$ _____	Contribution to Hunters for the Hungry: <input type="checkbox"/> \$2.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$20.00 <input type="checkbox"/> \$50.00
\$ _____		TOTAL AMOUNT DUE

***Hunting Lifetime License Qualification** – Must have at least one to qualify for the hunting lifetime license:

Hunter Education Certificate: Provide Certificate State, Number and Date of course: _____

I have held a hunting license after the age of 16 in _____ (provide state).

Please Note: The Apprentice license does not qualify as a hunting license.

***Proof of Virginia Residency and Age Requirement;** submit a readable photocopy of one of the documents listed below:

Valid Virginia driver's license Valid DMV ID card

***Permanent and Total Disability** Defined under Code of Virginia § 58.1-3217. *Permanently and totally disabled defined.*

For purposes of this article, the term "permanently and totally disabled" shall mean unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life.

I have included my Physician's Affidavit for a Disabled Lifetime License from a licensed physician.

The physician's affidavit form can be found on the last page of this form or you may call VDWR License Sales and Information at 1-866-721-6911 to obtain the form.

Applicant's Certification

By signing this application, I certify that in accordance with Virginia Code § 58.1-3217. **Permanently and totally disabled defined.**

NOTE: Any person who knowingly makes a false statement in order to secure a license shall be guilty of a Class 2 misdemeanor, punishable by up to six months in jail, a fine of up to \$1,000 or both.

Signature: _____ **Date:** _____

Instructions: *(Please allow up to 45 days for processing)*

- Complete all information on this application.
- Select the license(s) you wish to purchase.
- Verify that you have included copies of all required documents from items 1 and 2 on page 2.
- Sign and date the application.
- Include a **PERSONAL CHECK, MONEY ORDER or CASHIER'S CHECK** made payable to the **TREASURER OF VIRGINIA**.
- Return this application along with all supporting documents and payment to:

Department of Wildlife Resources
Attention: Lifetime License Sales
P.O. Box 2978
Henrico, VA 23228-9700

Information:

- A **Saltwater Fishing license** is **NOT** required for persons age 65 and older, however if 65 or older and you do not possess a valid saltwater license a no cost Fisherman Identification Program (FIP) registration is required: Please visit <http://www.mrc.virginia.gov> for registration.
For further information on the FIP program please call (757) 247-2200.
- **If you are 65** and over and would still like to obtain the Saltwater Lifetime license your cost will only be \$5.00.
- **Disabled Hunting and Trapping Lifetime License(s)** are for resident small game and resident trapping: The holder of license(s) above IS REQUIRED to obtain all additional state and local licenses, permits and stamps required by law. Unless otherwise exempt; a bear, deer and turkey license, archery license, muzzleloader license, bonus deer permit, trout license, national forest permit, damage stamp, and other permits are required IN ADDITION TO ABOVE LICENSE(S) if you participate in these activities
- **Disabled Freshwater Fishing Lifetime License** for freshwater fishing in Virginia; may not fish in designated saltwater areas without a valid saltwater fishing license, and is available to fish in freshwater in Virginia except if fishing in trout stocked waters than a Trout license is required.
- **Disabled Saltwater Fishing Lifetime License** may not fish in freshwater without a freshwater license. Please see the Virginia Freshwater Fishing guide for freshwater/saltwater demarcation lines.
- For additional information on Hunting, Trapping, and/or Freshwater fishing in Virginia please visit our website www.huntfishva.com.
- For Saltwater fishing visit <http://www.mrc.virginia.gov/recreational.shtm> website for recreation saltwater fishing regulations and information.
- For additional license purchases please visit <https://gooutdoorsvirginia.com/>



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Physician's Affidavit for a Disabled Lifetime License

NOTE: THIS FORM MUST BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN

If you need assistance, contact us at 1-866-721-6911 or for the hearing impaired TDD: 804 367-1278

I hereby swear, under penalty of perjury that I _____, am a licensed physician or
(Physicians name-please print)
 certified nurse practitioner for _____, and do hereby certify the applicant
(Patients full name-please print)

herein named to be **Permanently** and **Totally** disabled as defined by Code of Virginia§ 58.1-3217:

Permanently and totally disabled defined-For purposes of this article, the term "permanently and totally disabled" shall mean unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life.

By signing this statement I certify that the information provided below is true and correct and that I am currently a licensed physician in _____.
(State-please print)

Physician's Signature: _____ Date: _____

Patient Information (please print):

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Birth: _____ Gender: Male Female

An examination of the above named individual was conducted on _____.
(Exam Date-please print)

Provide a brief description of the permanent and total disability for this person below:

Physician Information (please print):

Physician's Name: _____
First Middle Initial Last Name

Name of Business/Practice: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Office Phone Number: _____ Office Fax Number: _____