



**DEPARTMENT OF GAME AND INLAND FISHERIES
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 or Non-Resident Legacy License (under age 2 only) Lifetime Application**

Instructions on page 2 (Allow up to 45 days for processing your application request)

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

Last 4 digits of Social Security No: _____ Date of Birth: ____/____/____

Telephone (Cell, Home, Work, Other): _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Select License(s) below:

| RESIDENT | | NON-RESIDENT | | Legacy Lifetime licenses available below: |
|---------------------------------|----------|--------------------------|----------|--|
| <input type="checkbox"/> | \$130.00 | <input type="checkbox"/> | \$275.00 | Freshwater fishing license* |
| <input type="checkbox"/> | \$130.00 | <input type="checkbox"/> | \$275.00 | Hunting license * |
| <input type="checkbox"/> | \$10.00 | | | Hard Durable Plastic Card showing their lifetime license(s) |
| <input type="checkbox"/> | \$_____ | | | Contribute 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 | | | | |

***Purchaser's information – Please complete below:**

| |
|--|
| Name: (First/MI/Last): |
| Address: |
| City, State, Zip: |
| Contact Phone: |
| Email Address: _____ If you want notification of completeness include your email address, you will receive an email that an account in their name has been created, and another email with their paper lifetime license. |
| <input type="checkbox"/> Check here if you want the license returned to you, the purchaser. NOTE: If the purchasers address is the same as the applicants, the license will be mailed to the applicant. |

Certification of Applicant

The applicant is personally known to me and I hereby certify the information on this application is true and correct. 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 6 months in jail, a fine of up to \$1,000, or both.

Signature of person certifying this license application

Date

Instructions: *(Allow up to 45 days for processing)*

- In order to complete the process of the application for the Legacy License the following fields on the application **MUST** be completed: **Full Name, Last 4-digits of SSN of child, Date of Birth, Contact telephone number (parents, grandparents, etc.) and a valid Mailing Address.**
- Proof of YOUR Identification. Include one from the list below and it must be a readable copy: *(Do not send originals)*
- Valid driver's license, or Valid state issued photo Identification card
- Include either: **PERSONAL CHECK, MONEY ORDER or CASHIER'S CHECK** made payable to the **TREASURER OF VIRGINIA.**
- Return this application and payment to:

**Department of Game and Inland Fisheries
Attention: Lifetime License Sales
P.O. Box 2978
Henrico, VA 23228-9700**

Please Note: The lifetime legacy licenses DO NOT include any additionally required licenses and/or permits – such as bear, deer and turkey, muzzleloader, archery, or trout, etc. Please refer to the Virginia Hunting and Fishing regulation guides for additional licensing/permit information or visit www.dgif.virginia.gov .

If you have further questions or need assistance with the completion of this form please call (866) 721-6911.

LEGACY LIFETIME LICENSE
“The one gift that truly gives for a lifetime”

