Street Address
1801 N. Lincoln Blvd.
Oklahoma City, OK 73105
(405) 521-3851

Mailing address
P.O. Box 53465
Oklahoma City, OK 73152

For Office Use Only – Resident Lifetime

License # ☐☐☐☐☐☐

Date Issued _____

RESIDENT LIFETIME LICENSE APPLICATION

Attn: Veterans who are certified as disabled by the V.A., please contact ODWC for a different application.

Lifetime licenses are available only by mail or in person at ODWC headquarters in Oklahoma City. License may be purchased with a money order, cashier's check, credit card, or personal check. If you pay with a personal check, the LICENSE WILL BE HELD FOR THREE WEEKS.

☐ **FISHING $225.00** ☐ **HUNTING $625.00** ☐ **COMBINATION $775.00**

PLEASE PRINT OR TYPE

LAST NAME

FIRST NAME MIDDLE INITIAL

ADDRESS

CITY , Oklahoma

ZIP CODE -

HUNTER EDUCATION # (Combination & Hunting Only. Required if age 30 or under, or license will be issued with apprentice designation.)

SOC. SEC. NUMBER - - **REQUIRED**

DATE OF BIRTH **REQUIRED**

OKLAHOMA DRIVER'S LICENSE #

Expiration Date /

HOME/DAY PHONE #

Height ft in Weight Color of Eyes Color of Hair

By signing, I certify that I have been a bona fide resident of Oklahoma, as defined in Title 29 of the Oklahoma State statutes, for six months immediately preceding the date of this application.

_____ _____

Signature of Applicant / Date **Signature of Authorized Department Employee / ID # / Date**

Applicant must contact the County Game Warden or authorized Department of Wildlife employee for residency verification before mailing application to Oklahoma City. To prove residency, please provide the following documents: Oklahoma Driver's License and Hunter Education card (if you are 30 years of age or under). For those individuals who do not drive, residency can be approved with an Oklahoma ID card that is at least 6 months old. If you are under sixteen years of age, a report card from an Oklahoma school or the parent's latest Oklahoma tax return listing the child as a dependent will provide the required proof of residency.

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To charge this purchase to your Visa or Mastercard, complete the following information:

Card holder's name and address (please print legibly) ☐ **VISA** ☐ **MASTERCARD**

_____ **Acct No**_____ - _____ - _____ - _____

_____ **Expiration Date** _____/_____

Card holder's signature_____ Date _____ Rev. 09/2011