

**OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION**



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

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

**APPLICATION TO REPLACE A LIFETIME OR SENIOR CITIZEN LICENSE**

Mail completed form and payment to the address above or fax to (405) 522-1939. Credit card information must be completed to process a faxed application. *Name change requires documentation. Appropriate documentation includes a photocopy of a marriage license, divorce papers, adoption papers, etc.*

*Mark only one of the following boxes.*

**LIFETIME or SENIOR CITIZEN LICENSE, \$10.00**

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> RESIDENT FISHING     | <input type="checkbox"/> NONRESIDENT FISHING     | <input type="checkbox"/> WATERFOWL |
| <input type="checkbox"/> RESIDENT HUNTING     | <input type="checkbox"/> NONRESIDENT HUNTING     |                                    |
| <input type="checkbox"/> RESIDENT COMBINATION | <input type="checkbox"/> NONRESIDENT COMBINATION |                                    |

*PLEASE PRINT LEGIBLY.*

NAME \_\_\_\_\_  
Last Name First Name Middle Initial

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ HUNTER EDUCATION # \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ ISSUE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
If known If known

I do hereby swear that the above license has been destroyed or lost. It is not now in my possession, nor has it been transferred to another individual. If the above mentioned license is found after the issuance of a replacement, I swear that I will forward it to the Department of Wildlife at the above address. If license is to be replaced because of wear and tear, the license must be returned with this application.

\_\_\_\_\_  
 Signature of License Holder (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number

\*\*\*\*\*

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 # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Card holder's signature \_\_\_\_\_ Date \_\_\_\_\_