



Physical Address: 1801 N. Lincoln Blvd.
Oklahoma City, OK 73105
(405) 521-3852

Mailing Address: ODWC
P.O. Box 53465
Oklahoma City, OK 73152

DISABILITY 5-YEAR FISHING OR HUNTING LICENSE APPLICATION

Disability licenses are available to legal residents of Oklahoma who receive disability benefits through one of the following: Social Security Disability or SSI, Railroad Retirement, United States Postal Service, or Multiple Injury Trust Fund.

To determine eligibility, please submit your application with photocopies of the following documentation:

Social Security Disability or SSI - Notice of Award, T.P.Q.Y. or B.P.Q.Y. - Must be no more than six months old and state type of benefit received. (NOT THE NEW BENEFIT AMOUNT)

Railroad Retirement - Award Letter from Railroad Retirement Board

United States Postal Service - Approval letter from Office of Personnel Management at the United States Postal Service

Multiple Injury Trust Fund - File Stamped Copy of Worker's Compensation Court order stating you are permanently and totally disabled

Photocopy of Oklahoma Driver's License or Oklahoma Identification Card

Residency status is determined by the state in which you hold your Driver's License or State ID. Applicants with out of state Driver's License or State IDs do not qualify for disability 5 year hunting/fishing licenses. Applicants under sixteen years of age require a parent's Oklahoma Driver's License or an Oklahoma ID Card for proof of residency. Oklahoma Driver's License or Identification Card must be held for at least six months from the original issue date to meet residency requirements.

PAYMENTS MUST BE MADE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER (PAYABLE TO ODWC)

Select: [ ] FISHING \$10.00 [ ] HUNTING \$10.00

Collectible Card (optional hard card): [ ] \$5.00

Please print. Complete all sections. Incomplete applications will be returned.

FULL LEGAL NAME Last Name First Name Middle Name

MAILING ADDRESS

CITY STATE ZIP CODE COUNTY

PHYSICAL ADDRESS (if different than above)

CITY STATE ZIP CODE COUNTY

LAST 4 of SOCIAL SECURITY NUMBER (REQUIRED) DATE OF BIRTH (MM/DD/YY)

HUNTER ED NUMBER DATE OF COMPLETION (MM/DD/YY)

YEARS AT CURRENT ADDRESS MILITARY VETERAN (Check One) YES NO

DRIVER'S LICENSE NUMBER STATE EXP. DATE ISS. DATE

TELEPHONE NUMBER ( ) EMAIL ADDRESS

X Signature of Applicant or Preparer / Date

X Signature of Authorized ODWC Employee / ID # / Date