



Physical Address: 1801 N. Lincoln Blvd.
Oklahoma City, OK 73105

Mailing Address: ODWC
P.O. Box 53465
Oklahoma City, OK 73152
(405) 521-3852

OKLAHOMA RESIDENT DISABLED VETERAN LIFETIME COMBINATION LICENSE APPLICATION

Legal residents of Oklahoma who are disabled as certified by the Veteran's Administration (V.A.) are eligible to purchase a lifetime combination license. The following documentation must accompany your application: (1) Letter of proof of disability stating the overall disability rating. This may be obtained by calling the V.A. at 1-800-827-1000. (2) Copy of Oklahoma driver's license or Oklahoma ID card. Driver's license or ID if Original, must be at least six months old, or state "Renewal" or "Replacement". Residency status is determined by the state of which you hold your Driver's License or State ID. Those with out of state Driver's License or State ID's do not qualify for the Resident Disabled Veteran Lifetime License.

Lifetime licenses are available online, by mail, or in person at ODWC headquarters in Oklahoma City. For mail-in orders, please allow up to four weeks for processing. 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.

[ ] 0% - 59% DISABILITY \$200.00 [ ] 60% - 100% DISABILITY \$25.00

Please Print or Type. 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

\*ANY FALSE STATEMENT OR FALSE INFORMATION MAY CONSTITUTE A MISDEMEANOR, FELONY OR OTHER BREACH OF LAW\*

I certify under penalty of perjury under the laws of the state of Oklahoma that the above information is true and correct and that I, or the above applicant, has been a bonafide permanent resident of Oklahoma, as defined in Title 29 of the Oklahoma State statutes, for six months immediately preceding the date of this application and that the applicant intends to make Oklahoma his/her permanent place of residence.

X Signature of Applicant or Preparer (if other than applicant) / Date
X Signature of Authorized Department Employee / ID # / Date

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To charge this purchase to your Visa or MasterCard, complete the section below:

Card Number: - - - - - Exp. Date: /

Card Holder Name: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

Signature: \_\_\_\_\_