*Street Address:* **2145 NE 36th St**
**Oklahoma City, OK 73111**
**(405) 521-3852**

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

# OKLAHOMA RESIDENT DISABLED VETERAN LIFETIME COMBINATION LICENSE APPLICATION

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

**Legal residents of Oklahoma who have resided in this state for at least six months, intend to make Oklahoma their permanent residence and 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 must be six months old, or state "renewal" or "duplicate" in the upper left hand corner.

**Please Print or Type. Complete All Sections. Incomplete Applications will be returned.**

FULL LEGAL NAME _____
Last Name First Name Middle Name

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

PERMANENT ADDRESS (if different than above) _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

YEARS AT CURRENT ADDRESS _____

SOCIAL SECURITY NUMBER (**REQUIRED**) _____ DATE OF BIRTH (MM/DD/YYYY) _____/_____/_____

DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____ ISSUE DATE_____

TELEPHONE NUMBER (_____) _____ EMAIL ADDRESS _____

PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DID YOU FILE OKLAHOMA INCOME TAXES LAST YEAR? (Check One) _____ YES _____ NO IF NO, WHAT STATE? _____

OCCUPATION _____ YEARS AT CURRENT EMPLOYER _____

EMPLOYER _____
Name Address Telephone

***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_____ X_____
**Signature of Applicant or Preparer (if other than applicant) / Date** **Signature of Authorized Department Employee / ID # / Date**
(To be signed at ODWC Headquarters)

**Lifetime licenses are available only by mail or in person at ODWC headquarters in Oklahoma City.** For mail-in orders, please allow up to three 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.

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

___ VISA ___ MASTERCARD ___ DISCOVER

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

Card Holder Name: _____

Card Holder Address: _____

Signature: _____

**For Office Use Only – Resident Disabled Veteran**

**License #: _____ Issued By: _____**

Rev. 07/2014