



Physical Address: 2145 NE 36<sup>th</sup> St  
Oklahoma City, OK 73111

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

## OKLAHOMA RESIDENT SENIOR CITIZEN LIFETIME LICENSE APPLICATION

Senior Citizen Lifetime licenses are available to legal residents of Oklahoma who are (or will become) 65 or older during the current calendar year. Applications may be submitted by mail or in person at ODWC headquarters in Oklahoma City. Applicant must contact the County Game Warden for approval or mail application to ODWC License Section with residency documentation for verification and domiciliary intent. To prove residency, please provide a copy of one of the following documents: Oklahoma Driver's License, voter registration card or current state income tax return. An Oklahoma Driver's License or ID is required for proof of residency. Individuals possessing a valid out-of-state driver's license are considered nonresidents and do not qualify for resident licenses. For mail-in orders, please allow up to three weeks for processing. Licenses may be purchased with a money order, cashier's check, credit card (see below), or personal check. Money orders and checks can be made payable to ODWC.

Select One:     COMBINATION \$25.00                       HUNTING \$15.00                       FISHING \$15.00

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 \_\_\_\_\_

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

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 (if known) \_\_\_\_\_ 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, will be 65 years old during the calendar year and have 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 ODWC Employee / ID # / Date**

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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: \_\_\_\_\_

<b>For Office Use Only – Resident Senior Citizen</b>	
License #: _____	Issued By: _____
Rev. 05/2017	