OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION

Street Address:
2145 NE 36th St
Oklahoma City, OK 73105
(405) 521-3852

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

APPLICATION TO REPLACE A 5-YEAR DISABILITY LICENSE

In order for the Department of Wildlife to issue a replacement for a lost or destroyed disability license, this application must be completed, signed by the license holder, and returned to the Department of Wildlife. with the **$1.50 replacement fee per duplicate license type**.

TYPE OF LICENSE:

_____ ☐ **DISABILITY FISHING** ☐ _____ **DISABILITY HUNTING**

PLEASE PRINT OR TYPE:

NAME _____
Last Name First Name Middle Initial

ADDRESS _____

CITY _____, Oklahoma ZIP CODE _____ - _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH _____/_____/_____

DRIVER'S LICENSE # _____ HUNTER EDUCATION #_____

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

Name change requires documentation. Appropriate documentation includes a photocopy of a marriage license, divorce papers, adoption papers, etc.