

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

P.O. Box 53465

Oklahoma City, OK 73152

OKLAHOMA RESIDENT DISABILITY 5-YEAR COMBINATION LICENSE APPLICATION

<u>application must include:</u>					
□ Photocopy of Oklahoma Driver's License or Oklahoma State ID (Must be held for 6 months prior to application.) Residency status is determined based on which state you hold your driver's license in. Applicants with an out-of-state driver's license DO NOT qualify for resident licenses.					
□ Cashier's Check or Money Order (Personal Checks are NOT Accepted)					
 □ Disability Documents (Please include ONE type of document to verify your disability status.): • Social Security — Acceptable Documents: Benefit Verification Letter, Notice of Award, BPQY, or TPQY					
Combination Hunting & Fishing License \$20 Collectible Hard Card (If NOT selected, only paper license will be issued): [] \$6					
Full Legal Name					
Last Name	First Name		Middle Name		
Date of Birth/ Last 4 of Social Security Number (required)					
Mailing Address	_City	_StateZi _l	oCounty		
Physical Address	_City	_StateZi	pCounty		
Phone Number ()Email Address					
Years at Current Address Military Veteran (Check One) YES NO					
Hunter Education #	_State of Issue	Date of	Completion//		
Driver's License #Sta	telssue Date	//	Expiration//_		
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, have been a bonafide permanent resident of Oklahoma, as defined in Title 29 of the Oklahoma State statute, for six months immediately proceeding the date of this application and that the applicant intends to remain an Oklahoma resident. APPLICATION WILL BE RETURNED IF: Copy of Oklahoma Driver's License or ID Not Included OK Driver's License Does Not Fulfill Residency					
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Signature of Applicant or Preparer Date Disability Verification Not Included					
v / /	<u> </u>	-	cation Is Older than 6 Mon	ths	
X/	 te □ Incom	☐ Incomplete Application			
		nal Check Recei	ved or No Payment Receiv	red	