



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 DISABLED VETERAN LIFETIME LICENSE APPLICATION

## **APPLICATION MUST INCLUDE:**

**In-Person Residency and Disability Rating Verification Signed by ODWC Law Enforcement**

For residency and disability verification, please contact your local Game Warden. Visit [wildlifedepartment.com](http://wildlifedepartment.com) for the Game Warden Directory.

**Cashier's Check, Money Order, Personal Check, or Credit Card** (Mastercard, Visa, Discover)

Select One:       **0-59% Disability Rating \$200.00**       **60-100% Disability Rating \$25.00**

Full Legal Name \_\_\_\_\_

Last Name

First Name

Middle Name

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last 4 of Social Security Number (required) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Years at Current Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Issue 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 preceding the date of this application and that the applicant intends to remain an Oklahoma resident.

X \_\_\_\_\_ / \_\_\_\_\_      X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Applicant or Preparer      Date      Signature of ODWC Law Enforcement      BM#      Date

For all other ODWC Personnel, please sign below and confirm Law Enforcement approval:

### APPLICATION WILL BE RETURNED IF:

X \_\_\_\_\_ / \_\_\_\_\_  
Signature of ODWC Employee      Date

**Missing Law Enforcement Approval**

**Incomplete Application**

**No Payment Received**

\_\_\_\_\_  
ODWC Law Enforcement Contact      County

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

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

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

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

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