



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 LIFETIME LICENSE APPLICATION**

### **APPLICATION MUST INCLUDE:**

#### **[ ] In-Person Residency Verification Signed by ODWC Law Enforcement**

For residency verification, please contact your local Game Warden. Visit [wildlifedepartment.com](http://wildlifedepartment.com) for the Game Warden Directory.  
All other ODWC personnel may sign this application, but must consult Law Enforcement prior to signature for approval.

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

**Select One:** [ ] COMBO/HUNT & FISH \$1,024 [ ] FISHING \$375

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 \_\_\_\_\_

Military Veteran (Check One) YES \_\_\_\_\_ NO \_\_\_\_\_

Hunter Ed. Number \_\_\_\_\_ State of Issue \_\_\_\_\_ Date of Completion \_\_\_\_/\_\_\_\_/\_\_\_\_

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 IBM# Date

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

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

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

#### **APPLICATION WILL BE RETURNED IF:**

- [ ] Missing Law Enforcement Approval**
- [ ] Incomplete Application**
- [ ] No Payment Received**

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: \_\_\_\_\_