OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION

For Office Use Only
Permit # _____
Date Issued _____

Physical Address:
2145 NE 36th St
Oklahoma City, OK 73111

Mailing Address
P.O. Box 53465
Oklahoma City, OK 73152

DISABILITY 5-YEAR FISHING OR HUNTING LICENSE APPLICATION

Disability licenses are available to legal residents of Oklahoma who have resided in this state for at least six months and are receiving disability benefits through one of the following: **Social Security Disability, Supplemental Security Income (SSI), the Multiple Injury Trust Fund, or the United States Postal Service (fishing only).**

To determine eligibility, please submit your application with photocopies of the following documentation:

Social Security Disability or SSI - Notice of Award, T.P.Q.Y. **or** B.P.Q.Y. – **Must be no more than six months old and state type of benefit received**

Railroad Retirement - Award Letter from Railroad Retirement Board

United States Postal Service - Approval letter from Office of Personnel Management at the United States Postal Service

Multiple Injury Trust Fund - File Stamped Copy of Worker's Compensation Court order stating you are permanently and totally disabled

AND

Photocopy of Oklahoma driver's license or Oklahoma identification card

PAYMENTS MUST BE MADE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER (PAYABLE TO ODWC)

____ Disability Fishing $10.00 ____ Disability Hunting $10.00

PLEASE PRINT OR TYPE:

NAME _____
Last Name First Name Middle Initial

MAILING ADDRESS _____

CITY _____, Oklahoma ZIP CODE _____ - _____

PHYSICAL ADDRESS (if different) _____

HUNTER EDUCATION # _____ (Required if age 30 or under. Otherwise license will be issued with "apprentice" designation. Not required for fishing.)

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

DRIVER'S LICENSE NUMBER_____ EXPIRATION DATE _____/_____

HOME PHONE NUMBER (_____) _____ - _____ DAY PHONE NUMBER (_____) _____ - _____

MILITARY VETERAN ____Yes ____ No HT _____ ft _____ in WT _____ EYE COLOR _____ HAIR COLOR _____

I certify under penalty of perjury under the laws of the state of Oklahoma that I have been a bona fide resident of Oklahoma for the six months immediately preceding the date of this application.

_____ _____

Signature of Applicant / Date **Signature of Authorized ODWC Employee**