

OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION

Street Address:
1801 N. Lincoln
Oklahoma City, OK 73105
(405) 521-3851

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

For Office Use Only
License # \_\_\_\_\_
Date Issued \_\_\_\_\_

RESIDENT DISABLED VETERAN
LIFETIME COMBINATION LICENSE APPLICATION

Legal residents of Oklahoma who have resided in this state for at least six months and who are disabled as certified by the Veteran's Administration (V.A.) are eligible to purchase a lifetime combination license. The following documentation must accompany your application:

- 1. Letter of proof of disability stating the percent of disability. This may be obtained by calling the V.A. at 1-800-827-1000. The letter of proof of disability must be no more than six months old at the time this application is submitted.
2. Copy of your Oklahoma driver's license or Oklahoma identification card to verify residency. Driver's license or identification card must have been issued at least six months prior to date of application, or it must state "renewal" or "duplicate" in the upper left-hand corner.

0% TO 59% DISABILITY - \$200.00 60% TO 100% DISABILITY - \$25.00

PLEASE PRINT OR TYPE:

NAME Last Name First Name Middle Initial

ADDRESS

CITY, Oklahoma ZIP CODE -

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

DRIVER'S LICENSE NUMBER Expiration Date /

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

Height ft in Weight Color of Eyes Color of Hair

By signing, I certify that I have been a bona fide resident of Oklahoma for the six months immediately preceding the date of this application.

Signature of Applicant

Signature of Authorized Department Employee
(to be signed at headquarters)

License is available only by mail or in person at headquarters in Oklahoma City. License may be purchased with a money order, cashier's check, credit card, or personal check. If you pay with a personal check, the license will be held for three (3) weeks.

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To charge your purchase to your VISA or MasterCard complete the following information.

Card holder's name and address (please print legibly)

Acct No
Expiration Date /

Card holder's signature Date