

**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 COMBINATION LIFETIME LICENSE APPLICATION**

	APPLICATION MUST INCLUDE:  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 any lifetime resident licenses.					
	□ VA Documentation That Lists Combined Disability Rating (VA Hotline 1-800-827-1000)					
	☐ Cashier's Check, Money Order, Personal Check, or Credit Card Info (Mastercard, Visa, Discover)					
	<u>Select One</u> : [ ] 0-59% [	Disability Rating \$200.	00 []60-100%[	isability Ra	iting \$25.00	
Full L	egal Name Last Name			Middle Name		
	Last Name	First Nam	16	Mic	idle Name	
Date	of Birth/	Last 4 of Soc	ial Security Numbe	er (required	]	
Mailing Address		City	State	Zip	County	
Physical Address		City	State	Zip	County	
Phone Number ()		Email Addres	Email Address			
Years	s at Current Address					
		State of Is	State of IssueDate of Completion//			_
Driver's License #		StateIs	sue Date/	_/Ехр	oiration//	_
	*ANY FALSE STATEMENT OR FALSE INF	ORMATION MAY CONSTITU	JTE A MISDEMEANOR,	FELONY, OR C	THER 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						
	Signature of Applicant or Preparer	Buto	☐ Received with (			
Χ	1	,	□ VA Documentati □ Incomplete App		uded/Not Sufficient	
^	Signature of ODWC Employee IB (Not required if copy of Driver's Licens	M# Date	□ No Payment Re			
	To charge this purchase t	- o your Discover, Visa, or M	asterCard, complete ti	ne section bel	ow:	
	Card Number:		— <sub></sub> Ехр D	ate:/_		
	Card Holder Name:					
	Card Holder Address:				<del></del>	
	Signature:					