### APPLICATION



#### Lifetime Hunting & Fishing License for Resident Disabled Veterans

This license shall be issued only to an individual resident of North Carolina who is a **fifty percent or more disabled veteran** as determined by the U.S. Department of Veterans Affairs, remaining valid for the lifetime of the individual so long as the individual remains fifty percent or more disabled. **Certification from the Department of Veterans Affairs must be submitted with this application.** 

#### \*\*\*Licenses may now be purchased online at gooutdoorsnorthcarolina.com\*\*\*

| Applicant's Name:   |                    |   |                           | Telephone # ()  |                            |  |  |
|---|--------------------|---|---------------------------|---|----------------------------|--|--|
|   | First              | Middle  | Last                      | · · ·   |                            |  |  |
| Resident Address:   | Street             |   | City                      | State   | Zip Code                   |  |  |
| Mailing Address (if di  |                    |   |                           |   | *                          |  |  |
| Dirth Data  |                    | Street or PO Box  | City                      | State   | Zip Code                   |  |  |
|   |                    | NC Driver License #   |                           | WRC Customer # (if available)   |                            |  |  |
|   |                    |   |                           |   |                            |  |  |
| Are you certified by th   | e Dept. of Vete    | erans Affairs as a 50% or moi   | re disabled veteran?      | <ul> <li>Yes If yes, attached a copy of the C</li> <li>No If no, you must obtain this Cer</li> </ul>                                  |                            |  |  |
|   |                    | eived without proper VA doo<br>ur local County or State Vete            |                           | eturned. For your convenience, we h   |                            |  |  |
| Check Appropriate I   |                    |   |                           |   |                            |  |  |
|   | JOA(5)             |   |                           |   |                            |  |  |
| Lifetime Disabled Vete  | ran Fishing O      | nly Licenses  |                           |   |                            |  |  |
|   |                    | ing. Includes fishing in designate<br>It does not include fishing in co |                           | ut Waters, fishing in trout waters on   | \$14                       |  |  |
| Coastal Recreational Fishing – Authorizes fishing in coastal and joint waters. It does not authorize fishing in inland waters |                    |   |                           |   |                            |  |  |
| Lifetime Disabled Vete  | ran Hunting &      | Fishing Liconsos  |                           |   |                            |  |  |
|   |                    |   | g. Includes fishing in de | esignated Public Mountain Trout   | \$14                       |  |  |
|   |                    |   |                           | s. It does not include fishing in coastal wa  |                            |  |  |
| the bear management   | e-stamp or federa  |   | ted Public Mountain Tr    | game lands, hunting for waterfowl (does n<br>out Waters, fishing in trout waters on gam   |                            |  |  |
| game lands, hunting for   | or waterfowl (do   |   | ent e-stamp or federal d  | fishing. Includes hunting for big game, hu<br>uck stamp), fishing in designated Public M  |                            |  |  |
| Seasonal items such a   | as the Bear Ma     | nagement E-Stamp, HIP, or F   | ederal Duck Stamp,        | should be purchased annually at good  | utdoorsnorthcarolina.com.  |  |  |
|   |                    |   |                           | Purchase Subtor   | tal \$                     |  |  |
|   |                    |   |                           | Plus Transaction  |                            |  |  |
|   |                    |   |                           | Purchase Total<br>*Transaction fee ma   | ndated by NCGS 113-270.1B. |  |  |
| COM   | PLETE THIS         | SECTION IF VOU ARE A  | PPLVING FOR A 1           | LICENSE WITH HUNTING PRIV   |                            |  |  |
|   |                    |   |                           | hout having a Certificate of Competency   |                            |  |  |
|   | NC hunting lice    | nul in the prior to July 1, 201   |                           | nour naving a continence of competency  | tor completing a numer     |  |  |
| I have had a Nor  | th Carolina hunti  | ng license effective prior to July                                      | 1, 2013.                  |   |                            |  |  |
| I have successful   | ly completed a h   | unter education course. Hunter E  | Education Certificate Nu  | umber: State:   |                            |  |  |
| of age or older w   | ho is properly lie | ensed to hunt in North Carolina.  | "Accompanied" is def      | do so, when hunting I must be accompan-<br>ined as maintaining a proximity to the hun<br>e at all times without the use of electronic | nter, which enables the    |  |  |
| I certify that all inform<br>to obtain a license is a   |                    |   | d accurate and under      | stand that providing false information  |                            |  |  |

Mail application and fee (payable to NCWRC) to:



## NORTH CAROLINA DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

# CERTIFICATION

Lifetime Hunting and Fishing License for a Fifty Percent or More Resident Disabled Veteran

| <u>SECTION 1:</u>                          | Veteran'    | s Information:  |                 |                   |   |
|--|-------------|-----------------|-----------------|-------------------|---|
| Veteran's Name:                            | First       | Middle          | Last            | _                 |   |
| Address:                                   |             |                 | City            | State             | Zip Code                                    |
| Telephone: ()                              |             |                 | Veteran's D     | ate of Birth      |   |
| Email:                                     |             |                 |                 |                   |   |
| <u>SECTION 2:</u>                          |             | rolina Departme | ·               |                   | Affairs (To be completed by ive Specialist) |
| I certify, according<br>U. S. Department o |             |                 |                 | % or more disable | ed as determined by the                     |
| Name of Vetera                             | ins Service | Officer/Adminis | trative Special | ist (Typed or Pri | inted)                                      |

**VSC/County Location** 

Date

Signature of DMVA Accredited Representative