APPLICATION

Unified Legally Blind Inland/Coastal Recreational Fishing License

There is no fee for this license which authorizes statewide fishing in all public waters including Public Mountain Trout Waters and trout waters on game lands.

NAME:_____
(First) (Middle) (Last)

RESIDENT ADDRESS:_____
Street City State Zip

MAILING ADDRESS:_____
(if different from above) Street or PO Box City State Zip

TELEPHONE NUMBER: (___)_____ BIRTH DATE:_____
(Month) (Day) (Year)

WRC CUSTOMER # (if available)_____ EMAIL ADDRESS:_____

SIGNATURE:_____ DATE:_____

Department of Human Resources - Division of Services for the Blind
Certification of Insufficient Eyesight
Application Must Be Certified Prior To Submission

Pursuant to G.S. 113-351 (c)(4)(b) - Lifetime Fishing License for the legally blind and on behalf of the Department of Human Resources, Division of Services for the Blind, the undersigned hereby certifies that the person identified above is a person whose vision with glasses is insufficient for use in ordinary occupations for which sight is essential.

Registry Number	Local Social Worker or Registrar of the Blind	Date

Mail Application To:

N.C. Wildlife Resources Commission
License Section
1707 Mail Service Center
Raleigh, NC 27699-1707

Office Location: NCSU Centennial Campus, 1751 Varsity Drive, Raleigh, NC 27606 **Telephone:** 1-888-248-6834

Web Site: www.ncwildlife.org

Revised 09/09