



DEPARTMENT OF WILDLIFE RESOURCES  
 LIFETIME LICENSE SALES  
 P.O. Box 2978  
 HENRICO, VA 23228-9700  
 866-721-6911  
 (Hearing impaired call TDD# 804-367-1278)

**Commonwealth of Virginia**  
**Application for Annual Basic Freshwater and Annual Basic Hunting Licenses**  
**Non-Resident Disabled Veterans**

*Instructions on page 2 (Allow up to 45 days for processing your application request)*

**All fields with an asterisk \* are required below:**

DWR Customer ID#: \_\_\_\_\_

\*Applicant's Name: \_\_\_\_\_ \*Gender:  Male  Female  
 (Please Print) First Middle Initial Last Name

\*State Issued Driver's or Identification number last 4 digits: \_\_\_\_\_ \*Last 4 digits of Social Security No: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell, Home, Work, Other) \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

\*Physical Address (if different from Mailing): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please check the license(s) you are applying for:**

VA Certification of Service Connected Disability Rating	Freshwater Fishing	Hunting	Enter TOTAL
Totally and Permanently	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$28.50	
70% or More	<input type="checkbox"/> \$24.00	<input type="checkbox"/> \$56.00	
Optional durable hard card			\$5.00
Optional contribution to Hunters for the Hungry			
<b>Total Amount Due</b>			

**\*Hunter Education Qualification:** Please check ONE box to qualify for a Hunting license.

- I have a Hunter Education Certificate: Provide Certificate State and Number: \_\_\_\_\_
- I have previously been issued a hunting license

**Applicant's Certification**

By signing this application, I certify that the above information is true and correct and that I have a disability that is service-connected as defined by the U.S. Department of Veterans Affairs. Any person who knowingly makes a false statement in order to secure a license shall be guilty of a Class 2 misdemeanor, punishable by up to six months in jail, a fine of up to \$1,000 or both.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Instructions:** *(Please allow up to 45 days for processing)*

- Complete all information on this application.
- Select the license(s) you wish to purchase.
- **IF YOU HAVE PREVIOUSLY APPLIED AND PURCHASED THE DISABLED VETERAN'S ANNUAL FRESHWATER AND/OR HUNTING LICENSES BY APPLICATION;** then your application has gone through the approval process and you are in our license database. As an alternative to completing this application again you can call License Sales and Information at 866-721-6911 and purchase your license(s) over the phone with a valid VISA, MasterCard or Discover debit or credit card.
  - **Annual Freshwater Fishing License:** This serves as your Virginia Freshwater fishing license, additional licenses are required IF you fish in Trout stocked waters (during the trout stocking schedule), and if you fish within the State Forest and/or National Forest. Additionally, daily permits maybe required for certain trout areas. Please visit <https://www.dwr.virginia.gov/licenses/> for license purchase and information; and visit <https://www.dwr.virginia.gov/fishing/fish-stocking/> for trout guide information.
  - **Annual Hunting License:** This is the basic small game annual hunting license, additional license are required to hunt Deer, Turkey, Bear, during the early/late Archery and/or Muzzleloader seasons, and within the State Forest and/or National Forest. Please visit <https://www.dwr.virginia.gov/licenses/> for license purchase and information.
  - **The Virginia Hunting & Trapping in Virginia Regulations and the Virginia Freshwater Fishing & Watercraft Owner's Guide can be found online at our website at <https://www.dwr.virginia.gov/>.**
- Verify that you have included copies required documentation from items 1 and 2 on this page.
- Sign and date the application.
- Include a **PERSONAL CHECK, MONEY ORDER or CASHIER'S CHECK** make payable to the **TREASURER OF VIRGINIA.**
- Return this application with all supporting documents and payment to:

**Department of Wildlife Resources  
Attention: License Sales, Veteran Annual License  
P.O. Box 2978  
Henrico, VA 23228-9700**

**1) Proof of Applicants Residency:** Please include a photocopy of ONE of these documents.

- Valid State issued driver's license
- Valid State issued Identification card

**2) Statement of service-connected disability must be submitted with this application:**

- I have included a copy of my Certification of Disability from the U.S. Department of Veterans Affairs which states that I have a service-connected disability. Visit Veteran E-Benefits website for information regarding your account with the U.S. Department of Veterans' Affairs and to print your letters/documentation: <https://www.benefits.va.gov/benefits/>
- OR**
- I have utilized and included the DWR Veterans' Certificate of Disability alternative form that has been processed by the U.S. Department of Veterans Affairs establishing my license qualification, and is enclosed with this application.



**DEPARTMENT OF WILDLIFE RESOURCES**  
**LICENSE SALES AND INFORMATION**  
**P.O. Box 2978**  
**HENRICO, VA 23228-9700**  
**866-721-6911**  
 (Hearing impaired call TDD# 804-367-1278)

**VETERANS' CERTIFICATE OF DISABILITY**

**Purpose:** Alternative form to be used by Veterans to certify having a total and permanent disability that is service-connected in lieu of any previously issued U.S. Department of Veterans' Affairs document reflecting qualification.

**Instructions**

**Mail this completed form for validation to:**  
 Veterans' Services Officer  
 116 N. Jefferson Street  
 Roanoke, VA. 24016

**VETERAN'S INFORMATION**

VETERAN'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VETERANS' ADMINISTRATION CLAIM NUMBER: \_\_\_\_\_

**U.S. DEPARTMENT OF VETERANS AFFAIRS USE ONLY**

**THIS VETERAN IS CERTIFIED AS FOLLOWS UNDER THE PROVISIONS OF VIRGINIA LAW § 29.1-302**

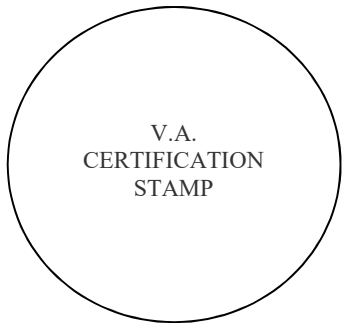
The above listed Disabled Veteran is totally and permanently disabled due to a service-connected disability.

PLEASE CHECK BOX:  YES  NO

VETERANS' SERVICE OFFICER NAME (Please print): \_\_\_\_\_

VETERANS' SERVICE OFFICER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_



**NOTE: PLEASE MAIL THIS COMPLETED FORM BACK TO APPLICANT**