



DEPARTMENT OF GAME AND INLAND FISHERIES
 LIFETIME LICENSES
 4010 W. BROAD ST., PO BOX 11104
 RICHMOND, VA 23230
 (866) 721-6911

Resident Disabled Application Lifetime License for Hunting, Trapping, Freshwater Fishing, and Saltwater Fishing

Instructions:

1. Complete all information on this application.
2. Select the license(s) you wish to purchase.
3. Check that you have copies of all required documents.
4. Sign and date the application.
5. Please include a **PERSONAL CHECK, MONEY ORDER or CASHIER'S CHECK** made payable to the **TREASURER OF VIRGINIA** or pay using **VISA/MASTERCARD** by filling out the credit card authorization form.
6. Return this application along with all supporting documents and payment to:
 Department of Game and Inland Fisheries
 Attention: Lifetime License Section
 P.O. Box 11104
 Richmond, VA 23230-1104
7. If you need assistance, contact us at 1-866-721-6911 or for hearing impaired, TDD: 804-367-1278.

DMV License / Customer Number: _____

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

Address: _____

City: _____ **State:** _____ **Zip:** _____ - _____

Daytime Phone: (____) _____ - _____ **Date of Birth:** ____/____/____

E-mail Address: _____

May we contact you by E-mail if additional application information is needed? Yes _____ No _____

Hunter Education Certification: (Please check one box to qualify for a Hunting license)

- I have a Hunter Education Certificate.
 I have previously been issued a hunting license.

Select License(s) and Total Amount Due:

	Type	Price	Description
<input type="checkbox"/>	#9210	\$15.00	FRESHWATER FISHING – Resident Disabled Lifetime – Does not include Trout
<input type="checkbox"/>	#9220	\$10.00	RESIDENT SALTWATER FISHING – Resident Disabled Lifetime Saltwater Fishing license is not required for persons age 65 and older.
<input type="checkbox"/>	#9242	\$15.00	HUNTING – Resident Disabled Lifetime (Hunter Education Certification required)
<input type="checkbox"/>	#9290	\$15.00	TRAPPING – Resident Disabled Lifetime
<input type="checkbox"/>	#999	\$.	Donation to Hunters for the Hungry: <input type="checkbox"/> \$ 2.00 <input type="checkbox"/> \$ 5.00 <input type="checkbox"/> \$ 10.00 <input type="checkbox"/> \$ 20.00 <input type="checkbox"/> \$ 50.00

\$ _____ **Total Amount Due** **(Allow 2 to 3 weeks for delivery)**

This license(s) is valid for resident small game, resident trapping, resident freshwater fishing (except trout) or individual saltwater fishing only. The holder of this license(s) IS REQUIRED to obtain all additional state and local licenses, permits and stamps required by law (see hunting or fishing regulation pamphlets available where licenses are sold). Unless otherwise exempt, the current big game license, archery license, crossbow license, muzzleloader license, bonus deer permit, trout license, national forest permit, damage stamp, and other permits are required IN ADDITION TO THIS LICENSE(S) if you participate in these activities. A holder of a disabled lifetime freshwater fishing license may not fish in designated saltwater areas without a valid saltwater fishing license. A holder of a saltwater fishing license may not fish in freshwater without a freshwater license. See fishing regulations pamphlet for freshwater/saltwater demarcation lines.

Proof of Residency: (Please include a photocopy of one of these documents. DO NOT SEND ORIGINALS.)

- Valid Virginia driver's license.
- Valid DMV ID card.
- Virginia voter registration card.
- Certification of Applicant form <http://www.dgif.virginia.gov/licenses/lifetime/gift.pdf>

Statement of Permanent and Total Disability:

(Please check at least one box to qualify for a Disabled license and check the supporting documents that you are required to submit.)

I hold an existing lifetime license issued by the Department of Game and Inland Fisheries.
 I have included a copy of my existing Virginia disabled lifetime license.

I am receiving benefits from the Social Security Administration for a Permanent and Total Disability.
 I have included a copy of my Certification of Disability from the Social Security Administration. The date of certification is less than 5 years old and states "**DISABILITY**" benefits on the letter.
(A Judge's Decision can not be accepted.)

I am receiving benefits from the Federal Department of Veterans Affairs for a Permanent and Total Service Connected Disability.
 I have included a copy of my Certification of Disability from the Federal Department of Veterans Affairs which states that I have a permanent and total service connected disability.
(The Veterans Affairs Identification Card is not acceptable)

I am receiving benefits from the Railroad Retirement Board for a permanent and total disability.
 I have included a copy of my Certification of Disability from the Railroad Retirement Board or have included a letter from the Railroad Retirement Board stating that I am receiving Disability Retirement.

I am receiving disability retirement benefits from a recognized unit of federal, state or local government.
 I have included a copy of my Certification of Disability from a recognized unit of federal, state or local government stating that I am receiving benefits for a permanent and total disability.

I am totally and permanently disabled and as a result cannot engage in any substantial gainful activity.
 I have included affidavits of disability from two physicians licensed to practice medicine in Virginia. One of my affidavits is based on a physical exam.
(Affidavits are available from our website <http://www.dgif.virginia.gov/forms/PERM/PERM-034.pdf> or you may call DGIF customer service at 1-866-721-6911.)

Applicant's Certification



By signing this application, I certify that the above information is true and correct and that I am permanently and totally disabled and unable to engage in any substantial gainful activity by reason of my disability which I expect to last for the duration of my life. NOTE: 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:** _____

(Allow 2 to 3 weeks for delivery)



Virginia Department of Game and Inland Fisheries
Credit Card Authorization Form

Check Credit Card Type  

Name Shown on Credit Card: _____

Credit Card Number: _____

Expiration Date: Month: _____ Year: _____

I authorize the Virginia Department of Game and Inland Fisheries to charge my credit card for the products/services indicated on the enclosed form.

Signature: _____ Date: ____/____/____

(Do not write in this space)