



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

Non-Resident Disabled Application for Lifetime Saltwater Fishing License

Instructions:

1. Complete all information on this application.
2. Check that you have copies of all required documents.
3. Sign and date the application.
4. 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.
5. 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

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 _____

Select License(s) and Total Amount Due:

	Type	Price	Description
<input type="checkbox"/>	#9420	\$ 10.00	NON-RESIDENT SALTWATER FISHING – Non-Resident Disabled Lifetime Saltwater Fishing license is not required for persons age 65 and older.
<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 is valid for non-resident individual **saltwater** fishing in Virginia **only**.

A holder of a disabled lifetime non-resident saltwater fishing license may not fish in designated freshwater areas without a valid freshwater fishing license. See fishing regulations pamphlet for freshwater/saltwater demarcation lines.

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

- Valid driver's license.
- Valid State Identification card.
- 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.)

<input type="checkbox"/> I am receiving benefits from the Social Security Administration for a Permanent and Total Disability. <input type="checkbox"/> 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.)

<input type="checkbox"/> I am receiving benefits from the Federal Department of Veterans Affairs for a Permanent and Total Service Connected Disability. <input type="checkbox"/> 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)
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<input type="checkbox"/> I am receiving benefits from the Railroad Retirement Board for a permanent and total disability. <input type="checkbox"/> 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.

<input type="checkbox"/> I am receiving disability retirement benefits from a recognized unit of federal, state or local government. <input type="checkbox"/> 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.

<input type="checkbox"/> I am totally and permanently disabled and as a result cannot engage in any substantial gainful activity. <input type="checkbox"/> I have included affidavits of disability from two physicians licensed to practice medicine in your state of residency. 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.)
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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:** _____

If you need assistance, contact us by phone at 1-866-721-6911 or for hearing impaired TDD: 804-367-1000. You may also email us at customerservice@dgif.virginia.gov.

(Allow 2-3 weeks for delivery)

 <p>Virginia Department of Game and Inland Fisheries Credit Card Authorization Form</p> <p>Check Credit Card Type <input type="checkbox"/>  <input type="checkbox"/> </p> <p>Name Shown on Credit Card: _____ Credit Card Number: _____ Expiration Date: Month: _____ Year: _____</p> <p><i>I authorize the Virginia Department of Game and Inland Fisheries to charge my credit card for the products/services indicated on the enclosed form.</i></p> <p>Signature: _____ Date: ____/____/____</p>	<p><i>(Do not write in this space)</i></p>
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