



**DEPARTMENT OF GAME AND INLAND FISHERIES
LIFETIME LICENSE SALES
P.O. BOX 2978
HENRICO, VA 23228-9700
866-721-6911**

(Hearing impaired call TDD# 804-367-1278)

**Commonwealth of Virginia
Resident Disabled Veteran Application Lifetime License**

Hunting, Freshwater Fishing, and/or Trapping, and Disabled Saltwater Fishing

§ 29.1-302. Special license for certain resident disabled veterans: 'Any resident veteran who is totally and permanently disabled due to a service-connected disability...may apply for and receive from the Department a nontransferable license, valid for life, permitting the veteran to hunt and fish on any property in the Commonwealth according to restrictions and regulations of law...'

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

All fields with an asterisk * are required below:

DGIF 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:

***Hunting License Qualification:** Must complete 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 after the age of 18.

	Price	Select below available Veteran Lifetime Licenses:
<input type="checkbox"/>	\$ 0.00	FRESHWATER FISHING (Trout license required in addition to this license if fishing in trout stocked waters)
<input type="checkbox"/>	\$ 0.00	*HUNTING (See above qualification requirements)
<input type="checkbox"/>	\$15.00	TRAPPING
<input type="checkbox"/>	\$10.00	SALTWATER FISHING (If you are 65 and over the price is only \$5.00 for the lifetime saltwater license)
<input type="checkbox"/>	\$10.00	Upgrade your paper lifetime license to Hard Durable Plastic card w/design
<input type="checkbox"/>	\$____.____	Contribute 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

The Resident Disabled Veteran's Lifetime Hunting License is equivalent to the State Resident Hunting License, and includes Archery, Muzzleloader and the Bear, Deer and Turkey licenses.

A Trout license, National Forest permit, County Damage Stamp and other licenses or permits are required **IN ADDITION TO THIS LICENSE** if you participate in these activities.

A Saltwater Fishing license is **NOT** required for persons age 65 and older, however if 65 or older and not possessing a paid saltwater license, a no cost Fisherman Identification Program (FIP) registration is required: Please visit <http://www.mrc.virginia.gov> or call 1-757-247-2200 for further details and information.

Applicant's Certification

By signing this application, I certify that the above information is true and correct and that I have a total and permanent 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.
- 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** made payable to the **TREASURER OF VIRGINIA**.
- Return this application along with all supporting documents and payment to:

**Department of Game and Inland Fisheries
Attention: Lifetime License Sales - Veteran
P.O. Box 2978
Henrico, VA 23228-9700**

- 1) **Proof of Residency:** Must submit a photocopy of ONE of these documents.
Required to confirm Virginia residency and the photocopy must be a readable.

- Valid Virginia driver's license
- Valid Virginia DMV issued ID card

- 2) **Verification of 'Total and Permanent' service-connected disability:**

Must submit a copy from one of the options below on required proof of qualification documentation with your 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 total and permanent disability that is service-connected. (A numeric percentage is not proof of Total and Permanent disability and is **NOT** used in establishing your qualification).

OR

- If you do not have paperwork stating you are totally and permanently disabled due to a service connected disability then you can use the "**Veterans Certificate of Disability**" form. This form can be found on our website if not included with your application by reprinting the [Virginia Resident Disabled Veteran's Lifetime License \(Hunting, Freshwater Fishing\)](#) application.

If you do not have documentation you also can visit the Veteran E-Benefits website for information regarding your account with the U.S. Department of Veterans' Affairs; from there you can view and print your own letters/documentation: <http://www.benefits.va.gov/benefits/>

Note: The Veterans Affair Identification Card is not an acceptable qualifier for this license.



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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

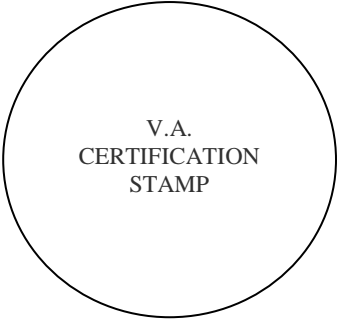
THIS VETERAN IS CERTIFIED AS FOLLOWS UNDER THE PROVISIONS OF VIRGINIA LAW § 29.1-302

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: _____

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NOTE: PLEASE MAIL THIS COMPLETED FORM BACK TO APPLICANT