

DEPARTMENT OF WILDLIFE AND FISHERIES
ATTN: SPORT LICENSE
P.O. BOX 98000
BATON ROUGE, LOUISIANA 70898-9000
(225) 765-2887

APPLICATION FOR DISABLED VETERANS HUNTING AND FISHING LICENSE

I do hereby certify that I meet all requirements as specified in R.S. 56:104.B.(2) which provides that veterans having a permanent service connected disability classification of fifty percent or more, and who are Louisiana residents shall, upon certification by the Louisiana Department of Veterans Affairs, not be required to pay fees to fish or hunt, but licenses to fish and hunt shall be issued to such classified veterans free or charge. I am aware that this state law does not provide exemption from the purchase of a federal waterfowl stamp (duck stamp) which is required to hunt duck or geese.

1. NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIPCODE _____
TELEPHONE NUMBER (_____) _____ DATE OF BIRTH _____
DRIVERS LICENSE# _____ SOCIAL SECURITY# _____
(A copy of your current Louisiana Driver's License or valid Louisiana Identification card must accompany this application)
HUNTER CERTIFICATION # (required if born 9-1-69 or later) _____

2. I understand that this license expires June 30 of each year, and must be renewed.
3. I understand that I must be a resident of Louisiana six consecutive months prior to applying.

Signature of Applicant

C E R T I F I C A T I O N

I CERTIFY THAT THE ABOVE NAMED VETERAN, WHOSE FILE IS LOCATED AT _____ PARISH VETERANS SERVICE IN _____, LOUISIANA IS _____ PERCENT (_____) PERMANENTLY SERVICE CONNECTED DISABLED AND IS A RESIDENT OF THE STATE OF LOUISIANA.

DATE

Signature and Seal of Parish Service Officer

