



APPLICATION FOR DISABLED/SPECIAL NEEDS LICENSE

Send completed application form, supporting documents, and proper fee to:
Louisiana Department of Wildlife and Fisheries (LDWF)
Attention: Sports Licenses, PO Box 98000, Baton Rouge, LA 70898

SECTION 1: ITEMS

- Disabled/Special Needs Hunting and Fishing** (Fee: \$4.00)
- I wish to donate to the Hunters for the Hungry Program**
 \$1.00 \$5.00 \$10.00 \$20.00 Other amount: _____
- I wish to donate to the Disabled Veterans License Program**
 \$1.00 \$5.00 \$10.00 \$20.00 Other amount: _____

SECTION 2: QUALIFYING CRITERIA

- A Louisiana resident who is blind, paraplegic or is a single or multiple amputee or is required to use one or more artificial limbs or permanent braces for mobility as a result of permanent and total disability; OR
- A Louisiana resident who is totally and permanently disabled and receiving a disability benefit from the federal social security system (not SSI) or a disability retirement income from a retirement system whose members are exempt from federal social security; OR
- A Louisiana resident who is the surviving spouse of a member of the US Armed Forces, including the Louisiana Army National Guard or Louisiana Air National Guard, who was killed in action while in a combat zone

SECTION 3: REQUIRED DOCUMENTATION

Blind/Paraplegic/Amputee

- Copy of current Louisiana Driver's License or state issued ID (issued in the a minimum of 6 months prior to applying)
- Provide certification from physician of qualifying criteria (certification available at bottom of form)

Disabled

- Copy of current Louisiana Driver's License or state issued ID (issued in the a minimum of 6 months prior to applying)
- Copy of current award letter from Social Security

Surviving Spouse - Killed in Action

- Copy of current Louisiana Driver's License or state issued ID (issued in the a minimum of 6 months prior to applying)
- Copy of the DD-1300 form
- Copy of the death certificate

SECTION 4: APPLICANT INFORMATION

First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security Number (mandatory): _____ Date of Birth: _____ Phone: _____

Hunter Education #: _____ Driver's License Number: _____ State: _____

Date: _____ Email Address: _____

Signature of applicant or parent: _____

I hereby certify that all information provided herein is true and correct.

SECTION 5: DISABILITY CERTIFICATION (only required for Blind/Paraplegic/Amputee)

I hereby certify that I have personally examined the individual named above and certify that he/she is disabled as specified below. In the case of artificial limbs or permanent braces, I certify that this is a permanent and total disability and that the applicant will always require artificial limbs and/or braces for mobility. I further certify that in the case, of legally blind (visual acuity of 20/200 or less in the better eye with correcting lenses) the visual acuity with correcting lens of the left eye is _____ and the right eye is _____.

Check one: **Legally Blind** **Paraplegic** **Single or Multiple Amputee** **Artificial Limbs or Permanent Braces**

Physician's Name (Type or print): _____

Telephone Number: _____

Physician Signature: _____ Date: _____

FOR OFFICE USE ONLY:
DATE RECEIVED: _____
LDWF #: _____
MONEY ORDER, CHECK, OR CASH: _____