



APPLICATION FOR RESIDENTS AND NON-RESIDENTS DISABLED VETERAN 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 Veteran** (Fee: \$0.00)

There is no cost to the customer for this license. The Louisiana Wildlife and Fisheries Foundation (LWFF) is providing the \$4 fee for the license through the Disabled Veteran License Program.

Durable Hard Card options (Fee: \$0.00)

This is a durable, plastic, collective card that will print with all active annual or lifetime licenses on file. There is no cost to the customer for this license. The LWFF is providing the \$5 fee for the durable

☐ **Waterfowl with Lab Hard Card**



☐ **Redfish Tail Hard Card**



☐ **Scenic Hard Card**



☐ **Alligator Hard Card**



☐ **I wish to donate to the Hunter 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 veteran of the US Armed Forces, including the Louisiana Army National Guard or the Louisiana Air National Guard, having a permanent service connected disability classification of fifty percent or more.

SECTION 3: REQUIRED DOCUMENTATION

- Copy of current Driver's License or state issued ID
- Section 5 below completed by the Veteran Affairs Office **OR** submit a copy of applicant's Veteran Affairs Benefit letter of qualifying criteria.

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: CERTIFICATION (To be completed by Veterans Service Officer/Technician)

I certify that the above named veteran is _____ percent (_____) disabled due to a service-connected disability.

Name of Veterans Service Officer/Technician (Typed or Printed) VSC/Parish Location

Signature of Veterans Service Officer/Technician Date

Revised 7/2025

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

LDWF #: _____

MONEY ORDER,
CHECK, OR CASH: _____