



# APPLICATION FOR 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 is providing the \$4 fee for the license through the Disable Veteran License Program. The Disabled Veteran license expires one year following date of issuance and must be renewed annually; however, you are not required to recertify OR resubmit proof of qualifying criteria.*

**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 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 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

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