

PERSONS WITH DISABILITIES RESIDENT HUNTING/FISHING PERMIT APPLICATION

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
2590 EXECUTIVE CENTER CIRCLE, SUITE 200, TALLAHASSEE, FL 32301
FAX: (850) 414-8212

IMPORTANT INFORMATION:

For faster service, please apply online at MyFWC.com/ADA. To receive notification of your application status as well as your permit (if approved) you must provide an e-mail address. If you do not provide an e-mail address you will need to check the status of your application periodically online at MyFWC.com/ADA and if approved, print your permit directly from the website. Permits will not be mailed to you by FWC.

APPLICANT INFORMATION: Please complete all of the following. Incomplete applications will not be processed.

_____		_____		
APPLICANT NAME		SOCIAL SECURITY NUMBER		
_____		_____		
MAILING ADDRESS		CITY	STATE	ZIP
_____		_____		
CONTACT PHONE NUMBER-(###)###-####		E-MAIL ADDRESS		
_____		_____		
SEX	RACE	DATE OF BIRTH - mm/dd/yyyy		

I do hereby *attest* and *affirm* that the information on this form is true and correct.

Applicant's Signature

Date

The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional fishing or hunting licenses or permits to an individual in accordance with 379.352 F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.

LICENSE REQUIREMENTS: Must attach a copy of one of the following documents.

- ___ Certification by the United States Railroad Retirement Board
- ___ State of Florida-Department of Veterans Affairs-100% Service Connected Disabled Veteran Identification Card (**Must have the statement Total and Permanent disabled**)
- ___ Certification by the United States Veterans Administration or any branch of the United States Armed Forces
- ___ Florida Department of Financial Services, Division of Workers Compensation (LES Form DWC-4)
- ___ An Order from a Judge of Compensation claims verifying total and permanent disability for purposes of Florida's Workers Compensation under chapter 440, F. S.
- ___ Written Confirmation by the carrier providing Workers Compensation benefits verifying total and permanent disability for the purposes of Florida's Workers Compensation under chapter 440, F.S.
- OR---
- ___ Documentation of **CURRENT (dated within the last 12 months)** eligibility for **DISABILITY** Benefits from Social Security Administration (**Form SSA-1099 Not Acceptable**)

PROOF OF RESIDENCY: Must attach a copy of one of the following.

- ___ Florida Drivers License or Florida ID Card, please copy front and back ("**Florida only**" not acceptable)
- ___ Florida Homestead Exemption
- ___ Statement from the current Landlord
- ___ Florida Voter's Registration Card

LICENSE TYPE: ___Hunting and Fishing (Salt & Fresh) ___ Fishing Only (Salt & Fresh)

HUNTER SAFETY CERTIFICATION: (If selected hunting above AND if born on or after June 1, 1975)

Certificate No. _____ Certifying State: _____

Any person who knowingly makes a false or misleading statement in an application or certification under Section 320.0848, F.S. commits a misdemeanor of the second degree, punishable as provided in Section 775.083, F.S.