



OREGON DEPARTMENT OF FISH & WILDLIFE
 3406 CHERRY AVE. NE
 SALEM, OR 97303
 (503) 947-6101
 FAX: (503) 947-6117

FOR OFFICE USE ONLY	
Date _____	Initials _____

**APPLICATION
 RESIDENT PERMANENT DISABLED VETERAN LICENSE**

Oregon Revised Statutes require that you be an Oregon resident for at least six (6) months immediately prior to applying for this license and that you have a disability rating of at least 25 percent.

To receive your free disabled veteran license, complete this application and return it with a letter from the U.S. Veterans Administration, or any branch of the Armed Forces of the United States, showing an overall disability rating of at least **25 percent**. If your VA or Armed Forces certification shows that you have an overall disability rating of at least **65 percent**, you qualify for a Oregon disabilities permit in addition to the permanent combination license. This permit allows increased access to hunting and fishing opportunities. The VA certification may be obtained by calling 1-800-827-1000.

PERMANENT RESIDENT DISABLED VETERAN COMBINATION LICENSE: FREE

I hereby certify that I have resided in Oregon six months immediately prior to making this application.

SIGNATURE _____

PLEASE PRINT

Social Security No. _____ - _____ - _____ (required)

First Name _____ M.I. _____ Last Name _____

Male Female Date of Birth _____

Street Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone Number _____ OR Drivers License No. _____

Hunter/Angler ID Number (if known) _____

****\$2.00 shipping and handling charge required when your License is being mailed to you****

PAYMENT METHOD: (PLEASE DO NOT SEND CASH)
 Check/Money Order to ODFW enclosed or MasterCard Visa ↓

Credit Card number _____ Exp. Date _____

Signature _____