



DEPARTMENT OF WILDLIFE RESOURCES
LIFETIME LICENSE SALES
P.O. BOX 2978
HENRICO, VA 23228-9700
866-721-6911
(Hearing impaired call TDD# 804-367-1278)

Commonwealth of Virginia
Disabled Lifetime Saltwater Fishing License Application

Instructions and Lifetime License Information on page 2 (Allow up to 45 days for processing)

All fields with an asterisk * are required below:

DWR Customer ID#: _____

*Are you a United States Citizen? ☐ Yes ☐ No-If No, Provide your Visa or Green Card #: _____

*Applicant's Name: _____ *Gender: ☐ Male ☐ Female
(Please Print) First Middle Initial Last Name

*State issued Driver's or Identification number last 4 digits: _____ *Last 4 digits of Social Security No: _____

*Telephone: _____ - _____ - _____ (Cell, Home, Work, Other) *Date of Birth: _____ / _____ / _____

*Mailing Address: _____

*City: _____ State: _____ Zip: _____ - _____

*Physical Address (if different from Mailing): _____

E-mail Address: _____

Select License(s)

	Price	Disabled Lifetime License available below:
☐	\$ 10.00	SALTWATER FISHING DISABLED LIFETIME LICENSE for Virginia Saltwater
☐	\$ 15.00	Upgrade your lifetime license to Hard Durable Plastic card w/design
☐	\$ ____.	Contribute to Hunters for the Hungry: ☐ \$2.00 ☐ \$5.00 ☐ \$10.00 ☐ \$20.00 ☐ \$50.00
\$ ____.		TOTAL AMOUNT DUE

Proof of Residency: Please include a photocopy of ONE of these documents.

Required to confirm residency by providing a readable photocopy of one of the documents listed below

- ☐ Valid State issued driver's license
☐ Valid State issued Identification card

Permanent and Total Disability Required documentation

Defined under Code of Virginia § 58.1-3217. Permanently and totally disabled defined.

For purposes of this article, the term "permanently and totally disabled" shall mean unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life.

☐ I have included my Physician's Affidavit for a Disabled Lifetime License from a licensed physician.

The physician's affidavit form can be found on the last page of this form or you may call VDWR License Sales and Information at 1-866-721-6911 to obtain the form.

Applicant's Certification

By signing this application, I certify that in accordance with Virginia Code § 58.1-3217. Permanently and totally disabled defined. NOTE: Any person who knowingly makes a false statement in order to secure a license shall be guilty of a Class 2 misdemeanor, punishable by up to six months in jail, a fine of up to \$1,000 or both.

Signature: _____ Date: _____

Instructions: *(Please allow up to 45 days for processing)*

- Complete all information on this application.
- Select the license(s) you wish to purchase.
- Verify that you have included copies of all required documents from items 1 and 2 on this page.
- Sign and date the application.
- Include a **PERSONAL CHECK, MONEY ORDER or CASHIER'S CHECK** made payable to the **TREASURER OF VIRGINIA**.
- Return this application along with all supporting documents and payment to:

**Department of Wildlife Resources
Attention: Lifetime License Sales
P.O. Box 2978
Henrico, VA 23228-9700**

Information:

- A **Saltwater Fishing license** is **NOT** required for persons age 65 and older, however if 65 or older and not possessing a paid saltwater license, a no cost Fisherman Identification Program (FIP) registration is required: Please visit <http://www.mrc.virginia.gov>.
- For information on the FIP program please call (757) 247-2200.
- A holder of a disabled lifetime saltwater fishing license may not fish in designated freshwater areas without a valid freshwater fishing license. Please see the **Virginia Freshwater Fishing** guide for freshwater/saltwater demarcation lines.
- Please visit <http://www.mrc.virginia.gov/recreational.shtm> website for recreation saltwater fishing regulations and information.



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Physician's Affidavit for a Disabled Lifetime License

NOTE: THIS FORM MUST BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN

If you need assistance, contact us at 1-866-721-6911 or for the hearing impaired TDD: 804 367-1278

I hereby swear, under penalty of perjury that I _____, am a licensed physician or
(Physicians name-please print)

certified nurse practitioner for _____, and do hereby certify the applicant
(Patients full name-please print)

herein named to be **Permanently** and **Totally** disabled as defined by Code of Virginia§ 58.1-3217:

Permanently and totally disabled defined-For purposes of this article, the term "permanently and totally disabled" shall mean unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life.

By signing this statement I certify that the information provided below is true and correct and that I am currently a licensed physician in _____.
(State-please print)

Physician's Signature: _____ Date: _____

Patient Information (please print):

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

An examination of the above named individual was conducted on _____.
(Exam Date-please print)

Physician Information (please print):

Physician's Name: _____
First Middle Initial Last Name

Name of Business/Practice: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Office Phone Number: _____ Office Fax Number: _____