

# FIFTY PERCENT (50%) DISABLED VETERAN APPLICATION FOR FISHING LICENSE

**ALL PERSONAL INFORMATION REQUESTED ON THIS FORM IS REQUIRED**

Last Name	First Name	MI	Suffix	X   X   X   -   X   X   -                   SOCIAL SECURITY NUMBER (Last 4 digits required)		
Mailing Address			City	State	Zip Code	
Physical Address			City	State	Zip Code	
Weight	Eyes	Hair	Height	DOB (MM/DD/YYYY)	Sex	Daytime Phone # (8AM-5PM M-F)

**PROOF OF RESIDENCY (REQUIRED TO BE ELIGIBLE FOR A FIFTY PERCENT (50%) DISABLED VETERAN FISHING LICENSE):**

YRS WY RES. <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			ONE of the following must be provided:	WY Driver's License Number or WY ID Card Number <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																					-	OR	Complete the <b>PROOF OF RESIDENCY</b> form ON REVERSE SIDE

**Under penalty of prosecution, I swear that the information given by me on this application is true and correct. I swear, under penalty of prosecution, that I am a United States citizen and have been a resident of Wyoming and domiciled in Wyoming for not less than one (1) year and have not claimed residency elsewhere for any purpose during that one (1) year period immediately preceding the date of this application or that I am an alien and have resided continuously in Wyoming for at least one (1) year immediately prior to the date of this application, and that all information contained herein is true and correct.**

Resident Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NO LICENSE WILL BE ISSUED WITHOUT THIS APPLICATION AND RESPECTIVE CERTIFICATION LETTER.**

**LICENSE REQUIREMENTS (Wyoming State Statutes §23-2-201 (f)):**

Any resident disabled veteran who receives fifty percent (50%) or more service connected disability compensation from the United States Department of Veterans Affairs may apply to the department for a resident disabled veteran's lifetime fishing license. The license entitles the resident disabled veteran to take any fish within Wyoming at the time, in a place, in a manner and in an amount as provided by law and the orders of the commission. Valid documentation (official Department of Veterans Affairs or official Armed Forces logo must be present in the document's letterhead) must be attached to this application to be considered complete.

Fifty percent (50%) Disabled Veteran Fishing licenses are issued only at Wyoming Game and Fish Department Regional Offices located in JACKSON, PINEDALE, CODY, SHERIDAN, GREEN RIVER, LARAMIE, LANDER, or CASPER. Applications can be mailed to the headquarters office: License Section, Wyoming Game and Fish Department, 5400 Bishop Boulevard, Cheyenne WY 82006-0001.

**FOR DEPARTMENT USE ONLY**

LICENSE #: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

**PROOF OF WYOMING RESIDENCY**

If you do not have a current Wyoming driver's license or a current Wyoming Identification card, the following information must be provided

(Please Print). FAILURE TO PROVIDE THIS INFORMATION SHALL RESULT IN THE DENIAL OF A LICENSE BEING ISSUED.

**PLEASE PROVIDE A VERIFIABLE ANSWER TO ONE OF THE FOLLOWING (Please Print):**

1. I, or the person for whom I am applying (Resident applicant under the age of 18), have/has resided at the following address(es) for the past one (1) year immediately preceding the date of this application:

\_\_\_\_\_ / \_\_\_\_\_  
Street Address Mailing Address

2. Current or last Wyoming School attended: \_\_\_\_\_ Location: \_\_\_\_\_

3. I was a resident of Wyoming at the time I entered the military and have continued serving in active military duty; AND I have no claim of residency in any other state for any purpose.  
\_\_\_\_\_ YES, I meet the above criteria per W.S. § 23-1-107

4. I was stationed in Wyoming for ninety (90) days or more, but was NOT a Wyoming resident when I entered the military; AND am currently an active member of the military; AND I have made no claim of residency in any other state territory or country for any purpose; AND I have maintained my voter registration in Wyoming.  
\_\_\_\_\_ YES, I meet the above criteria per W.S. § 23-1-107

5. If Active Duty Military, I hereby certify under penalty of perjury that the United States \_\_\_\_\_ (Branch) has permanently stationed me at \_\_\_\_\_ (Station) Wyoming as of \_\_\_\_\_ (Date) and I am prepared to produce a copy of the Official Orders upon request.

6. If a minor dependent, name of parent or legal guardian who is a Wyoming Resident: \_\_\_\_\_

I further understand that the Wyoming Game and Fish Department will check the information provided to verify applicant's residency in the state of Wyoming.

\_\_\_\_\_ OR \_\_\_\_\_  
Resident Applicant's Signature Parent/Guardian Signature  
(Resident Applicant Under age of 18)

**WYOMING GAME AND FISH DEPARTMENT HEADQUARTERS OFFICE**

5400 Bishop Blvd., Cheyenne, 82006-0001 .....307-777-4600

**WYOMING GAME AND FISH DEPARTMENT REGIONAL OFFICES**

420 North Cache, Box 67, Jackson, 83001 .....307-733-2321

432 E. Mill St, Box 850, Pinedale, 82941 .....307-367-4353

2820 State Hwy. 120, Cody, 82414 .....307-527-7125

700 Valley View Dr., Sheridan, 82801 .....307-672-7418

351 Astle, Green River, 82935 .....307-875-3223

528 S. Adams, Laramie, 82070 .....307-745-4046

260 Buena Vista, Lander, 82520 .....307-332-2688

3030 Energy Lane, Casper, 82604 .....307-473-3400

**CALL TOLL FREE WITHIN WYOMING**

JACKSON	1-800-423-4113	PINEDALE	1-800-452-9107
LARAMIE	1-800-843-2352	CODY	1-800-654-1178
LANDER	1-800-654-7862	SHERIDAN	1-800-331-9834
CASPER	1-800-233-8544	GREEN RIVER	1-800-843-8096
CHEYENNE	1-800-842-1934		