OFFICE USE ONLY
LICENSE #:
DATE:
INITIALS:

WYOMING GAME AND FISH DEPARTMENT

APPLICATION FOR A WYOMING RESIDENT PERMANENTLY AND TOTALLY DISABLED LIFETIME FISHING LICENSE AND CONSERVATION STAMP

APPLICANT COMPLETE:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____ Date of Birth (MM/DD/YYYY) _____ XXX-XX- _____ Social Security Number (Last Four (4) Digits required)

Mailing Address _____ City _____ State _____ Zip Code _____ Daytime Phone Number _____

Physical Address _____ City _____ State _____ Zip Code _____ Email Address (optional) _____

Weight (lbs) _____ Height (Ft' Inches") _____ Eye Color _____ Hair Color _____ Sex _____

Under penalty of prosecution, I swear that the information given by me above and below my signature is true and correct. I swear, under penalty of prosecution, that I am a Wyoming resident as defined in W. S. 23-1-102(a)(ix)(xv), 23-2-101(a) and 23-1-107 and have domiciled in Wyoming for not less than one (1) year and have not claimed residency elsewhere for any purpose during the one year immediately preceding the issuance of this license.

_____ Applicant's Signature

_____ Date

☐ Check this box only if you would like your e-mail address, year of birth, and telephone number **made available** as public information as per state law (W.S. § 23-1-706). Other Information given on application may be made available as public information, except as provided by law.

PROOF OF RESIDENCY (REQUIRED TO BE ELIGIBLE FOR PERMANENTLY AND TOTALLY DISABLED LIFETIME FISHING LICENSE AND CONSERVATION STAMP):

_____ Years Wyoming Resident **AND** |___|___|___|___|___|___|___|___|___|___| Wyoming Drivers License # OR |___|___|___|___|___|___|___|___|___|___| Wyoming Identification Card Number

NOTE: If you do not have a Wyoming Driver's License or a Wyoming Identification Card, then you must complete the proof of residency statement on the reverse side of this application.

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

Wyoming State Statute § 23-1-302 (q): The commission shall, by rule and regulation, establish a process for issuing a resident lifetime fishing license and conservation stamp at no cost to any resident who is permanently and totally disabled. As used in this subsection, "permanently and totally disabled" means the presence of a permanent physical or mental condition that prevents a person from engaging in substantial gainful activity.

*Official Social Security Administration Disability Benefits Verification Letter (official Social Security Administration logo must be present in the document's letterhead) determining the applicants eligibility of Supplemental Security Income or Social Security Disability Insurance benefits must be attached to this application to be considered complete.

Licenses are issued only at Wyoming Game and Fish Department Regional Offices located in JACKSON, PINEDALE, CODY, SHERIDAN, GREEN RIVER, LARAMIE, LANDER, CASPER or the Wyoming Game and Fish Headquarters located in CHEYENNE. Applications can be mailed to: Wyoming Game and Fish Department, License Section, 5400 Bishop Boulevard, Cheyenne, WY 82006-0001.

Developed 7/2019

ORIGINAL SIGNATURE REQUIRED. FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED.