

WYOMING GAME AND FISH DEPARTMENT APPLICATION FOR A WYOMING RESIDENT PERMANENTLY AND TOTALLY DISABLED LIFETIME FISHING LICENSE AND CONSERVATION STAMP Conservation stamp privilege only valid when exercising this fishing privilege

OFFICE USE ONLY
ICENSE #:
PATE:
NITIALS:

APPLICANT COMPLETE:	:				XXX-XX-
Last Name	First Name	Middle Initial Suffi	x Date o		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)
	Height (Ft' Inches")			Hair Color Sex	
Weight (lbs)	Height	t (Ft' Inches'')	Eye Color	Hair	Color Sex
Under penalty of prosecution,	I swear that the information -1-102(a)(ix)(xv), 23-2-101(on given by me above and belo a) and 23-1-107 and have domi	w my signature is true and co	orrect. I swear, under	Color Sex r penalty of prosecution, that I am a Wyo d have not claimed residency elsewhere fo

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

Years Wyoming Resident

AND

Wyoming Driver's License #

Wyoming Identification Card Number

OR

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.

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