WYOMING GAME AND FISH DEPARTMENT
DISABLED VETERAN LICENSE/PERMIT APPLICATION

OFFICE USE ONLY
LICENSE/PERMIT #:
DATE:
INITIALS:

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 _____ 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.

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.

IF YOU ARE A WYOMING RESIDENT, COMPLETE THE PROOF OF RESIDENCY—Disabled Hunter Permit and Hunting Season Extension Permit do not require residency.

PROOF OF RESIDENCY:

_____ 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.

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 _____

NO LICENSE/PERMIT WILL BE ISSUED WITHOUT THIS APPLICATION AND RESPECTIVE CERTIFICATION LETTER

Please select any that apply:

☐ **Fifty Percent (50%) Resident Disabled Veteran Application for Fishing License (Proof of residency required)**

Wyoming State Statute § 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.

☐ **One Hundred Percent (100%) Honorably Discharged Resident Disabled Veteran Application for Game Bird, Fish and Small Game License (Proof of residency required)**

Wyoming State Statute § 23-1-705 (d): The department shall issue without charge lifetime game bird, small game and fish licenses to any disabled veteran who is **one hundred percent (100%) disabled as determined by the United States Department of Veteran Affairs**. The license is valid so long as the licensee remains a Wyoming resident. Wyoming Game and Fish Commission Regulation, Chapter 44, Regulation for Issuance of Licenses, Permits, Stamps, Tags, Preference Points, and Coupons, Section 14(d): **One hundred percent (100%) disabled does not refer to disability compensation.** 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.

☐ **Disabled Veteran Disabled Hunter Permit**

Wyoming Game and Fish Commission Regulation, Chapter 35, Section 5 (f): Applicant can produce to the Department a decision letter, issued within the immediately preceding five (5) years from the date of application, by the United States Department of Veterans Affairs or any branch of the Armed Forces of the United States showing the person to have a **service connected disability of at least seventy (70%) percent** (official Department of Veterans Affairs or official Armed Forces logo must be present in the document's letterhead).

☐ **Disabled Veteran Hunting Season Extension Permit**

Wyoming Game and Fish Commission Regulation, Chapter 35, Section 10 (a)(ii): Any person may be issued a Hunting Season Extension Permit which allows a qualified applicant to hunt antelope, deer or elk five (5) days prior to the earliest opening regular season date in the hunt area(s) and for the sex of antelope, deer or elk set forth by limitations of their license as specified in Section 2 of the current regulation for that species (Commission Regulations Chapter 5, Antelope Hunting Seasons, Chapter 6, Deer Hunting Seasons; Chapter 7, Elk Hunting Seasons), provided the person requesting the hunting season extension permit: Can produce a decision letter issued by the United States Department of Veterans Affairs, or any branch of the armed forces of the United States, showing the person to have a **one hundred (100%) percent service connected disability** (official Department of Veterans Affairs or official Armed Forces logo must be present in the document's letterhead).

Licenses and permits 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.

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.

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. I have attended the following Wyoming school(s) for the past one (1) year immediately preceding the date of this application:

   School(s)_____ Location(s): _____

3. If a minor dependent, name of parent or legal guardian who is a Wyoming resident: _____

4. I am currently an active duty member of the military and have been stationed in Wyoming for ninety (90) days or more, but was NOT a Wyoming resident when I entered the military.

   _____ YES, I meet the above criteria per W.S. § 23-1-107(f).

5. I was a resident of Wyoming at the time I entered the military and am currently serving in active military duty outside of Wyoming; AND I have made no claim of residency in any other state, territory or country for any purpose; AND Wyoming remains my declared home of record.

   _____ YES, I meet the above criteria per W.S. § 23-1-107(f).

6. I was NOT a Wyoming resident when I entered military service, but was stationed in Wyoming for ninety (90) days or more and am currently serving in active military duty outside of Wyoming; AND I have made no claim of residency in any other state, territory or country for any purpose; AND I have established my home of record in Wyoming; AND I have maintained my voter registration in Wyoming.

   _____ YES, I meet the above criteria per W.S. § 23-1-107(f).

7. I am the spouse or minor dependent of an active duty member of the military qualifying as a Wyoming resident per W.S. § 23-1-107(f); AND I have made no claim of residency in any other state, territory or country for any purpose.

   _____ YES, I meet the above criteria per W.S. § 23-1-107(g).

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
(If applicant is under the age of 18; required if applicant is less than 14 years old.)

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
2 Tilden Trail, Cody, WY, 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