PERSONS WITH DISABILITIES RESIDENT HUNTING/FISHING PERMIT APPLICATION

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
2590 EXECUTIVE CENTER CIRCLE, SUITE 200, TALLAHASSEE, FL 32301
FAX: (850) 487-2065

RESET

IMPORTANT INFORMATION:

For faster service, please apply online at **MyFWC.com/ADA** to receive notification of your application status as well as your permit (if approved) you must provide an e-mail address. If you do not provide an e-mail address you will need to check the status of your application periodically online at MyFWC.com/ADA and if approved, print your permit directly from the website. **Permits will not be mailed to you by FWC**.

APPLICANT INFORMATION: Please complete. Incomplete applications will not be processed.

APPLICANT NAME _____ SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT PHONE NUMBER (###) ###-#### _____ E-MAIL ADDRESS _____

SEX (M/F) _____ RACE _____ DATE OF BIRTH (mm/dd/yyyy) _____/_____/_____

I do hereby *attest* and *affirm* that all the above information is true and correct.

Applicant's Signature _____ Date _____

The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional fishing or hunting licenses or permits to an individual in accordance with 379.352 F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.

LICENSE REQUIREMENTS: Must attach a copy of one of the following documents.

____ Certification by the United States Railroad Retirement Board
____ State of Florida-Department of Veterans Affairs-100% Service Connected Disabled Veteran Identification Card **(Must have the statement Total and Permanent disabled)**
____ Certification by the United States Veterans Administration or any branch of the Unites States Armed Forces
____ Florida Department of Financial Services, Division of Workers Compensation (LES Form DWC-4)
____ An Order from a Judge of Compensation claims verifying total and permanent disability for purposes of Florida's Workers Compensation under chapter 440, F. S.
____ Written Confirmation by the carrier providing Workers Compensation benefits verifying total and permanent disability for the purposes of Florida's Workers Compensation under chapter 440, F.S.

---OR---

____ **Documentation of CURRENT (dated within the last 12 months) eligibility for DISABILITY Benefits from Social** Security Administration **(Form SSA-1099 Not Acceptable)**

PROOF OF RESIDENCY: Must attach a copy of one of the following.

____ Florida Drivers License or Florida ID Card **("Valid in Florida only" not acceptable)**
____ Florida Homestead Exemption
____ Notarized Statement of Docile of Residency (May be obtained from county clerk's office)
____ Florida Voter's Registration Card

HUNTER SAFETY CERTIFICATION: (If born on or after June 1, 1975)

Certificate No._____ Certifying State: _____

____ Hunting and Fishing (Fresh/Salt**) ____ Fishing Only (Fresh/Salt**) ____ Gulf Reef Fish Angler** see **NOTE**

****NOTE:** Private recreational anglers fishing from a private boat off Florida's Gulf coast (excluding Monroe County) who intend to harvest, attempt to harvest or possess one or more of the following reef fish species: red snapper, gag, greater amberjack, lesser amberjack, banded rudderfish, almaco jack, red grouper, black grouper, vermilion grouper, gray triggerfish

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Any person who knowingly makes a false or misleading statement in an application or certification under Section 320.0848, F.S. commits a misdemeanor of the second degree, punishable as provided in Section 775.083, F.S.

Rev. 02/10/2015