ARIZONA GAME AND FISH DEPARTMENT
2221 W. GREENWAY ROAD
PHOENIX, AZ 85023

APPLICATION FOR DISABLED VETERAN'S LICENSE

The Arizona Game and Fish Department may issue a complimentary Disabled Veteran's License to a disabled veteran who has a service-connected disability rated as 100% disabling, who is receiving compensation, and who has been a bona fide resident to Arizona for one or more years. A disabled veteran's license is valid for three years from the date of issuance. If the Department of Veterans Affairs certifies that the applicant's disability rate of 100% is permanent and will not be reevaluated, a new certification is not required for renewal.

A Disabled Veteran's License grants all of the hunting and fishing privileges of a Class F combination hunting and fishing license and an urban fishing license. All other stamps and licenses must be purchased separately. **Eligibility for the license is based on 100% disability and not on the percentage of compensation.**

Applicant Information

An applicant for a Disabled Veteran's License must provide the following information.
Please print or type.

Name: _____ Birth Date: _____

Current Resident Address or physical location of residence: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Sportsman's ID number: _____ Sex: _____ Weight: _____
Height: _____ Eye color: _____ Hair color: _____ No. of years residency: _____
Email: _____

If you have been living at the above address for less than one year, list each residence address or the physical location of each residence within the past year:

Address: _____
City: _____ State: _____ Zip Code: _____ Dates: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Dates: _____

_____ _____
Applicant's Signature* Date

DO NOT SIGN THIS APPLICATION until you are in the presence of a department employee or a notary public. This application must be notarized if it is not presented in person.

I do hereby certify that on (date) _____, (applicant name) _____ personally appeared before me and made the above declaration. In witness whereof, I have hereunto set my hand

and affixed my official seal this (date) _____.

(seal)

Notary Public in and of the county of _____,
State of Arizona. My commission expires _____.

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Department of Veterans Services Certification

An applicant for a Disabled Veteran's License must submit as part of this application an original certification, issued from the Department of Veterans Services.
Please print or type.

I hereby certify that _____ born _____,
(Name of Applicant) (Date of Birth)
is receiving compensation for permanent service-connected disabilities and that (check *one*):

☐ this person's disabilities are rated at 100% and permanent and will not require reevaluation. (*A disabled veteran's license is valid for three years from the date of issuance. If the Department of Veterans Affairs certifies that the applicant's disability rate of 100% is permanent and will not be reevaluated, a new certification is not required for renewal.)*

☐ this person's disabilities are rated at 100%, but the rating will be reevaluated within 3 years. (*A disabled veteran's license is valid for three years from the date of issuance. If the Department of Veterans Affairs certifies that the applicant's disability rate of 100% is permanent and will be reevaluated, a new certification is required for renewal.)*

☐ this person's disabilities are rated at less than 100%, but rated unemployable 100% - INELIGIBLE

Certifying agent of the Department of Veterans Services:

Name: _____

Title: _____

Address: _____

_____

Telephone: (_____)_____

_____ _____
Signature of the certifying agent of the Department of Veterans Services Date

Arizona Game & Fish Department Use Only						
Date Received	**Region**	**Date Received Reviewer**	**Review Completion Date**	**Approved**	**Denied**	**Dates Valid**

Print Form