



# Application for Disability Hunting and Fishing License

**SEND PHOTOCOPIES--NO  
FORMS WILL BE  
RETURNED**

**Mail application & attachments to: LBRU-Disability, 2065 US Hwy. 278, SE, Social Circle, GA 30025**  
Please see the reverse side (or 2<sup>nd</sup> page) for additional information and requirements.

### Step 1. APPLICANT INFORMATION

Completely fill in all requested information. The mailing address may be a PO Box. \*Indicates Required Field

LAST*	FIRST*	MI*	DRIVER'S LICENSE #*	DL State*
MAILING ADDRESS*		CITY*	STATE*	ZIP*
PHYSICAL ADDRESS <input type="checkbox"/> Same as Mailing Address*		CITY*	STATE*	ZIP*
SSN*	DATE OF BIRTH*	GENDER*	PROOF OF RESIDENCY PROVIDED (COPIES ONLY)*	
- - - - -	M D Y	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> GA Driver's License <input type="checkbox"/> State of GA ID Card	
EMAIL ADDRESS (Optional, will be used to send a pdf of the issued license)		PHONE	TEXT NUMBER (optional)	
		( ) - - - - -	( ) - - - - -	
HUNTER EDUCATION # (Send copy of card if age 16-25 & course not taken in GA)		HUNTER ED STATE	COUNTY OF RESIDENCE	

**Hunter Education required if born after Jan. 1, 1961** (Only a fishing license will be issued without a Hunter Education #)  
BY PLACING YOUR INITIALS HERE YOU WILL RECEIVE ONLY A FISHING LICENSE: \_\_\_\_\_

### Step 2. RESIDENCY VERIFICATION

**Residency** is defined as being domiciled within Georgia for a period of at least three (3) months prior to applying for a license, and in possession of a permanent GA driver's license or official GA ID card. A person may be a resident of only one state. A temporary GA Driver's is not acceptable. **\*\*Critical:** Attach a photocopy of **one** of the following documents that is valid, **and** shows an issue date of more than **three (3) months before** application for the disability license.  
Mark One:  **GA Driver's License**  **State of GA ID Card**

### Step 3. APPLICANT'S STATEMENT

In accordance with Ga. Code 27-2-4, I certify I am totally and permanently disabled, that I am a resident of Georgia and a U.S. citizen, and I have provided certification of total and permanent disability from an agency listed in Step 5 on the reverse (or 2<sup>nd</sup> page). I understand that it is unlawful for me to possess or use the license should my disability no longer be total or permanent.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### Step 4. CHOOSE DISCOUNTED DISABILITY LICENSE TYPE AND INDICATE PAYMENT

Paper disability licenses are issued automatically. To receive an optional Plastic License, add \$11 in the table below.

MARK ONE	License Type	Cost*	Req'd Fee
<input type="checkbox"/>	3-year Disability Sportsman's License	\$18	
<input type="checkbox"/>	3-year Disability Hunting License	\$12	
<input type="checkbox"/>	3-year Disability Fishing License	\$12	
<input type="checkbox"/>	Annual Disability Sportsman's License**	\$8	
<input type="checkbox"/>	Annual Disability Hunting License**	\$6	
<input type="checkbox"/>	Annual Disability Fishing License**	\$6	
<input type="checkbox"/>	Lifetime Honorary Blind Fishing License	\$0	
<u>Optional</u> Plastic "Hard" License Card (Fee = Qty X \$11)		Qty _____ \$11 ea	
<b>Grand Total (add the Req'd fee + any optional plastic cards)</b>			<b>\$ _____</b>

\* Cost includes transaction fee.

\*\* Annual documentation of continuing disability required: save effort & \$6 by choosing the 3-year option rather than annual.

Check # \_\_\_\_\_; or

If paying by Credit card, enter card # here: \_\_\_\_\_

Type of card:  Visa  MasterCard  Discover Expiration Date: \_\_\_/\_\_\_/\_\_\_ Security Code # \_\_\_\_\_

Billing Address Zip Code (if different from Mailing Address Zip Code Above) \_\_\_\_\_

**Credit Card Signature:** \_\_\_\_\_

DNR Use:  Cash

**TO AVOID DELAYS, CONTINUE ON REVERSE AND FOLLOW INSTRUCTIONS CAREFULLY.**  
APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROOF OF GA RESIDENCY, AGENCY DOCUMENTATION, AND SIGNATURE.

**NOTE: Disability Licenses are valid for either three (3) years or one (1) year from date of issue. They may be renewed within 60 days of expiration upon satisfactory documentation of continuing disability. Persons disabled because of mental impairment are eligible for honorary fishing license only.**

## **STEP 5. AGENCY CERTIFICATION AND DOCUMENTATION**

**Proper documentation must be attached to the application.** Send a copy only – forms will not be returned. Documentation from agencies varies as to form, but in general documentation should contain the following elements.

1. Social Security Administration – you are disabled and receiving benefits.
2. Veterans Affairs – you have a 100% disability.
3. Other Agencies – you have a 100% permanent and total disability.
3. Document must be **dated less than one (1) year prior** to the date of application. Date stamped documents are not acceptable. If dated older than one (1) year obtain an updated dated document from the certifying agency.

**Check the line below for the agency** that certified you as totally and permanently disabled. Photocopies of the referenced documents **must** be attached. You must be certified as being disabled by one of the following agencies: 1. The Social Security Administration; 2. The Department of Veterans Affairs; 3. The Railroad Retirement Board (**but only for Disability Retirements**). 4. Any unit of federal, state, county or municipal government recognized by the board, such as the United States Civil Service Commission, the State Merit System etc. **and from which you are receiving disability benefits.**

In very rare cases, your private physician may certify your disability. Such cases are limited to the following situations only:

1. You have never worked in a job covered by any of the above referenced agencies, or did not work long enough to receive disability benefits from such agency (Note: documentation must include a copy of the rejection letter from the Social Security Administration Office);

1. \_\_\_ Social Security Administration

**Submit: 1. Notice of Award Letter dated within one year of this application OR, 2. Submit a Benefit Verification Letter (BVL) dated within one year of application that must include the type of benefit (for example, letter states “**monthly disability benefits.**” A BVL stating type of benefit is available from SSA online, at the phone number below, and from a local SSA office but only upon requesting a BVL that includes type of benefit.**

• **Social Security Online:** Go to [www.ssa.gov](http://www.ssa.gov), and click on My Social Security. Either create an account, or sign into your account. Once in your account, you will see an option to print a BVL letter.

• **Social Security Office:** call 1-800-772-1213 for assistance.

**(DO NOT SUBMIT: SSA 1099 Form, Notice of Decision-Fully Favorable letter, and Yearly Income Statements from Social Security – these are not acceptable documentation.)**

2. \_\_\_ United States Department of Veterans Affairs (100% disability).

**A photocopy of the Hunting and Fishing License Authorization letter dated within the past year. Get one by either:**

• **Veteran’s Office:** 1-800-827-1000, voice prompt “Letters” and have a Summary of Benefits Letter faxed or mailed to you.

• **eBenefits:** Go to [www.ebenefits.va.gov](http://www.ebenefits.va.gov). You will need a DS Login or you can register on the site. Once on, go to Manage, Documents and Records, VA Letters, Benefit Summary, Generate Letter.

• **www.va.gov:** To get an Authorization Letter, select “Contact Us” then “Ask a Question” which links to <https://iris.custhelp.com>, then “Ask Question” near the bottom of the page. Request a “Hunting and Fishing License Authorization Letter,” and ask that it include name, address, current date, date of disability and a statement that you are (100%) totally and permanently disabled. Under Topic select Compensation and complete the rest of the Customer Form. The authorization letter must be dated within the last year.

3. \_\_\_ Railroad Retirement Board (Disability Retirements Only). **Letter or documentation dated within 1 year.**

4. \_\_\_ Other Governmental Agency. **Letter or documentation dated within 1 year.**

5. \_\_\_ Physician’s Certification of Total Blindness (Lifetime Honorary Blind Fishing License). **Document must state you are totally blind with no light perception (NLP), and be dated within the last year.**

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NOTE: Your Disability License is a full privilege Sportsman License, unless it is designated “FISHING ONLY”. The only other licenses you may need in addition to the Disability License are a no-charge SIP permit for fishing in salt water, a no-charge Harvest Record for hunting deer and turkey, a no-charge Georgia Migratory Bird Stamp to hunt migratory birds, and/or a Federal Duck Stamp for hunting waterfowl. These licenses and stamps are available online and anywhere Georgia licenses are sold.