MEMO

To: Disability License Applicant  
From: Georgia License and Boat Registration Unit  
Subject: Hunter Education Requirement for Applicants

When completing the enclosed Disability Hunting and Fishing License application, pay special attention to the Hunter Education requirement. If you were born after January 1, 1961, and are age 16 or older, you must provide your Hunter Education number on the application to receive a Disability Sportsman’s or Disability Hunting License. If you remember taking Hunter Education in Georgia but cannot provide your Georgia Hunter Education number on the application, complete the enclosed Hunter Safety Certification Affidavit, and submit the Affidavit with the application. This will significantly reduce the processing time of your application.
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 2nd 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

<table>
<thead>
<tr>
<th>LAST*</th>
<th>FIRST*</th>
<th>MI*</th>
<th>DRIVER’S LICENSE #*</th>
<th>DL State*</th>
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<th>MAILING ADDRESS*</th>
<th>CITY*</th>
<th>STATE*</th>
<th>ZIP*</th>
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<tr>
<th>PHYSICAL ADDRESS</th>
<th>Same as Mailing Address*</th>
<th>CITY*</th>
<th>STATE*</th>
<th>ZIP*</th>
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SSN*               DATE OF BIRTH*           GENDER*   PROOF OF RESIDENCY PROVIDED (COPIES ONLY)*
- - -               M D Y                Male   Female   GA Driver’s License   State of GA ID Card

<table>
<thead>
<tr>
<th>EMAIL ADDRESS (Optional, will be used to send a pdf of the issued license)</th>
<th>PHONE</th>
<th>TEXT NUMBER (optional)</th>
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<tr>
<th>HUNTER EDUCATION # (Send copy of card if age 16-25 &amp; course not taken in GA)</th>
<th>HUNTER ED STATE</th>
<th>COUNTY OF RESIDENCE</th>
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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.
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 2nd 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.

<table>
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<tr>
<th>MARK ONE</th>
<th>License Type</th>
<th>Cost*</th>
<th>Req’d Fee</th>
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<tbody>
<tr>
<td>[ ]</td>
<td>3-year Disability Sportsman’s License</td>
<td>$18</td>
<td></td>
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<tr>
<td>[ ]</td>
<td>3-year Disability Hunting License</td>
<td>$12</td>
<td></td>
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<tr>
<td>[ ]</td>
<td>3-year Disability Fishing License</td>
<td>$12</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Annual Disability Sportsman’s License**</td>
<td>$8</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Annual Disability Hunting License**</td>
<td>$6</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Annual Disability Fishing License**</td>
<td>$6</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Lifetime Honorary Blind Fishing License</td>
<td>$0</td>
<td></td>
</tr>
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</table>

Optional Plastic “Hard” License Card (Fee = Qty X $11) Qty_______ $11 ea

Grand Total (add the Req’d fee + any optional plastic cards) $_______

* 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.

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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 rating or permanent and total disability.
3. Other Agencies – you have a 100% disability rating or permanent and total disability.
4. 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 Social Security Administration Office; 800-772-1213.
2. 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, 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 rating or permanent and totally disabled).**
   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, 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 “Contact us online through Ask VA”, which links to https://ask.va.gov/, then click “Start your message without signing in”. 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% or 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.

**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.

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AFFIDAVIT:

I, __________________________, Customer ID # ____________________________,

Address: __________________________________________________________ City, ________________.

State, _______ Zip: __________________ and Date of Birth __________________, do

Hereby request a duplicate hunter education certificate, and certify that the Hunter Education
Training required by the Georgia Department of Natural Resources has been successfully
completed.

My training was received at __________________________, in __________________
County, during the month of __________________________, in the year

of __________________. (Use approximate month and year if exact date is not known.)

Warning: O.C.G.A 16-10-20; “A person who knowingly and willfully makes a false, fictitious or fraudulent
statement...in any manner within the jurisdiction of any department or agency of state government...shall,
upon conviction thereof, be punished by a fine of not more than $1000 or by imprisonment for not less
than five years, or both.” I understand that the purpose for completing this document is that the record
indicating a successful completion of the hunter education course cannot be found for the student
requested. I have completed this document as accurately as possible and hereby certify that I have read
and understand Georgia Law 16-10-20.

____________________________
Signature of Applicant or Guardian

Return to:
GA DNR
Hunter Education Coordinator
2065 US Hwy 278, SE
Social Circle, GA 30025

____________________________
Signature of Witness

Notary