2018

RESIDENT DISABLED VETERAN SPECIALTY COMBINATION HUNTING AND FISHING LICENSE
INSTRUCTIONS & APPLICATION
LICENSE YEAR IS ONE YEAR FROM DATE OF PURCHASE

PLEASE RETURN THIS FORM TO THE REGION OFFICE NEAREST TO YOU

Western Region, License Office, 1100 Valley Rd., Reno, NV 89512; (775) 688-1500
Western Region, License Office, 380 W. "B" St., Fallon, NV 89406; (775) 423-3171
Eastern Region, License Office, 60 Youth Center Rd., Elko, NV 89801; (775) 777-2300
Southern Region, License Office, 4747 Vegas Dr., Las Vegas, NV 89108; (702) 486-5127
Southern Region, License Office, 744 S. Racetrack Rd., Henderson, NV 89015; (702) 486-6742
Visit our website @ www.ndow.org

RESIDENT DISABLED VETERAN SPECIALTY COMBINATION HUNTING AND FISHING LICENSE - $15.00

CONDITIONS: The Department shall issue a specialty combination hunting and fishing license, upon satisfactory proof of the requisite facts to any actual bona fide resident of the state of Nevada who has incurred a SERVICE-CONNECTED disability which is considered to be 50 PERCENT or more by the United States Veterans' Affairs and has received upon severance from an honorable discharge or certificate of satisfactory service from the Armed Forces of the United States.

Attach your "Benefit Summary – Percentage Letter" from the Department of Veteran's Affairs certifying 50 percent or more service connected disability as proof of eligibility. If you do not have a copy of the letter you can obtain one at **www.ebenefits.va.gov.**

RESIDENCY: "Resident" means any person who is a citizen of the United States and who has been actually present in the State of Nevada for 6 months immediately preceding his application and who intends to make Nevada his permanent home.

HUNTER EDUCATION: Attach copy of certificate of hunter education administered by state or Canadian provincial wildlife management agency if you were born after January 1, 1960. NRA or military certificates are not acceptable.

PLEASE PRINT CLEARLY - AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU FOR CORRECTION.

APPLICANT PLEASE COMPLETE BELOW:

Print Name _____
Last First Initial

Social Security No or Sportsman ID _____ Date of Birth _____

Mailing Address _____
City State Zip Code

Physical Street Address _____
(Mandatory if mailing address is a PO Box – otherwise write "same". City State Zip Code

Telephone Number (_____) _____ eMail Address _____

Eye Color _____ Hair Color _____ Gender M / F Height _____ Weight _____
Circle one

Driver's License # _____ State of Issuance _____

I, the signator holder in signing this application, hereby state that I am entitled to this license under the laws of the State of Nevada and that no false statement has been made by me to obtain this license.

Date _____ Applicant's Signature _____