



**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  
Visit our website @ [www.ndow.org](http://www.ndow.org)

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

\*This does not include processing fee

**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](http://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 \_\_\_\_\_