



**NEVADA DEPARTMENT OF WILDLIFE  
RESIDENT APPLICATION FOR SEVERELY DISABLED HUNTING AND/OR FISHING LICENSE  
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**

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

**PROVISIONS:** The Department shall issue a combined hunting and fishing license authorized under the provisions of this chapter, upon proof satisfactory of the requisite facts and payment of the applicable fee, to any person who as of the date of his application for a license who is a resident and has a severe physical disability.

1. For the purpose of issuing such a license, "severe physical disability" means a physical disability which materially limits the person's ability to engage in gainful employment.
2. "Resident" means a person who is a citizen of, or is lawfully entitled to remain in, the United States; and during the 6 months next preceding his application to the Department for a license, he: (1) was domiciled in this state; (2) was physically present in this state, except for temporary absences; and (3) did not purchase or apply for any resident license to hunt or fish in another state, country or province.
3. The application must be certified by a physician utilizing the physician's statement on the next page.
4. **Social Security No.** is required for the Department to issue the license.
5. **Attach copy** of identification dated six months prior to application which shows current residency. Such proof may include a Nevada driver's license, rent receipts, public utilities, employment check stubs, or other documents indicating the licensee's name and current address. A previous year's license is not acceptable proof of residency.
6. Hunting license applicants born after January 1, 1960 **must attach** a copy of their hunter education certificate from a state or Canadian provincial wildlife agency, or a previous year's hunting license which contains a number or unique mark evidencing completion of a hunter education course. NRA or military certificates are not acceptable.

**APPLICANT PLEASE COMPLETE BELOW:**

Print Name \_\_\_\_\_  
Last First Initial

Social Security No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip Code

Physical Street Address \_\_\_\_\_  
 (Mandatory if the 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

Nevada Resident Since: Month \_\_\_\_\_ Year \_\_\_\_\_

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 \_\_\_\_\_

Date \_\_\_\_\_ \*Parent or Legal Guardian Signature \_\_\_\_\_

\* Parent or legal guardian signature required for youth 17 years of age and younger purchasing a hunting or combination hunting and fishing license as per NRS Chapter 41, as provided on the back of this application.

**PHYSICIAN STATEMENT:**

Does the patient's permanent physical disability materially limit his/her ability to engage in gainful employment? Y / N  
Circle One

I certify that the applicant named above meets the conditions of a person with a severe disability person as defined above.

\_\_\_\_\_  
Physician's Signature Date

\_\_\_\_\_  
Printed Name and Address of Physician

\*NRS 41.472

1. If a parent, guardian or other person legally responsible for a minor under the age of 18 years:

- (a) Knows that the minor has previously been adjudicated delinquent or has been convicted of a criminal offense;
- (b) Knows that the minor has a propensity to commit violent acts; or
- (c) Knows or has reason to know that the minor intends to use the firearm for unlawful purposes,

and permits the minor to use or possess a firearm, any negligence or willful misconduct of the minor in connection with such use or possession is imputed to the person who permits such use or possession for all purposes of civil damages, and, notwithstanding the provisions of subsection 2 of NRS 41.470\*\*, that person is jointly and severally liable with the minor for any and all damages caused by such negligence or willful misconduct.

\*\*NRS 41.470 states the joint and several liability of one or both parents or guardian having custody or control of a minor under this section shall not exceed \$10,000 for any such act of willful misconduct of the minor.

\_\_\_\_\_  
(DEPARTMENT Use)

APPROVED \_\_\_\_\_  
Date Signature

DISAPPROVED \_\_\_\_\_  
Date Signature

(Submit the original application and any supporting documentation to NDOW Headquarters for retention.)