NEVADA OPPARTMENT OF WILDLIFE

NEVADA DEPARTMENT OF WILDLIFE RESIDENT APPLICATION FOR SEVERELY DISABLED HUNTING AND/OR FISHING LICENSE LICENSE YEAR MARCH 1-FEBRUARY 28/29

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



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PROVISIONS: The Department shall issue a hunting or fishing license or 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. (NRS 502.245)

- 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. (NRS 502.245)
- 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 accompanied by reasonable proof of severe physical disability (i.e., physician's statement, Social Security benefits letter or comparable benefits letter).
- 4. A check or money order for the correct license amount must accompany this application.
- 5. **Social Security No.** is required for the Department to issue the license.
- 6. **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.
- 7. 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 NameLast							
Last	First		Initia	ıl			
Social Security No	Date of Birth						
Mailing Address			0::		<u> </u>		
Physical Street Address			City		State	Zip Code	
(Mandatory if the mailing ad	dress is a PO Box – otherw	vise write ("same")	City		State	Zip Code	
Telephone Number ()	el	Mail Address				
Eye Color	Hair Color	Gender	M / F	Height _	Weight		
Nevada Resident Since:	Month	Year	Circle One				
Driver's License #	iver's License #State of Issuar ease check one license you are applying for:						
\$13.00 [04] Resident Disabled Hunting*					\$ 3.00 NV Special Use Stamp		
\$13.00 [05] Resident Disabled Fishing					_ \$10.00 Duck Stamp _ \$10.00 Trout Stamp		
					\$10.00 Second I	Rod Stamp	
\$21.00 [06] Resident Disabled Hunting and Fishing*				\$10.00 Upland G	Same Bird Stamp		
I, the signator holder State of Nevada and						nder the laws of the	
Date	e 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 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 OTHER REASONABLE PROOF (attach copy of proof, such as SSN benefits letter) *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 _____

Signature

DISAPPROVED .

Signature

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