



OREGON DEPARTMENT OF FISH & WILDLIFE
4034 FAIRVIEW INDUSTRIAL DR. SE
SALEM, OR 97302
(503) 947-6101
FAX: (503) 947-6117

FOR OFFICE USE ONLY

Date _____ Initials _____

**APPLICATION FOR RESIDENT DISABLED VETERAN
COMBINATION AND SHELLFISH LICENSE**

Oregon Revised Statutes require that you be an Oregon resident for at least six (6) months immediately prior to applying for this license and that you have a disability rating of at least 25 percent.

To enable your free disabled veteran combination - hunting, angling and shellfish license, complete this application and return it with a copy of your letter from the U.S. Veterans Administration, or any branch of the Armed Forces of the United States, showing an **overall disability rating** of at least **25 percent**. Once enabled, license is renewable every year online or at any licensing agent.

The VA certification may be obtained by calling 1-800-827-1000.

I came to Oregon in _____
(month and year)

Social Security No. _____ - _____ - _____ **(required)**

First Name _____ **M.I.** _____ **Last Name** _____

☐ **Male** ☐ **Female** ☐ **Not Specified** **Date of Birth** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

Email Address _____

ODFW Number (if known) _____

Are you a convicted felon who is prohibited from possessing a firearm under the laws of Oregon or the United States or a person who has been found guilty except for insanity of a felony and who is prohibited from possessing a firearm under the laws of Oregon or the United States ☐ **Yes** ☐ **No**

I hereby certify that I have resided in Oregon six months immediately prior to making this application and do hereby attest and declare that the above is true and that I can provide evidence to support this information upon request.

SIGNATURE _____

**This license includes the Columbia Basin Endorsement and Wildlife Area
Parking Permit.**