

Application for Reduced Fee Hunting and Fishing License for Disabled Veterans

Date _____

Veterans Name <small>PLEASE PRINT IN INK</small>	Last _____	First _____	M. I. _____
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Social Security Number _____

USDVA File Number _____

Address _____

City _____ State _____ Zip code _____

Date of Birth	Sex	Height	Weight
Eye Color	Hair Color	Telephone Number	County of Residence

E-Mail Address _____

VETERAN'S SIGNATURE _____

IDVA use only:

The Above individual is _____ or is not _____ a Disabled Veteran rated by the U. S. Department of Veterans Affairs or the U. S. Department of Defense and, under the provisions of Indiana Code 14-22-12-1.5 (see reverse) entitled to the reduced rate for hunting and fishing license.

Approving Authority Signature _____ Date _____

Not valid without raised IDVA Seal