



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 receive your free disabled veteran combination license and disabled veteran shellfish license, complete this application and return it with a 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**.

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

RESIDENT DISABLED VETERAN COMBINATION AND DISABLED SHELLFISH LICENSE: FREE

I hereby certify that I have resided in Oregon six months immediately prior to making this application.

SIGNATURE _____

PLEASE PRINT

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

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

Male **Female** **Date of Birth** _____

Street Address _____

Mailing Address (if different) _____

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

Phone Number _____ **OR Drivers License No.** _____

Email Address _____

Hunter/Angler ID Number (if known) _____

This license includes the Columbia Basin Endorsement.

****\$2.00 shipping and handling charge required when your License is being mailed to you****

PAYMENT METHOD: (PLEASE DO NOT SEND CASH)

• Check/Money Order to ODFW enclosed or • MasterCard / Visa ↓ CVC# _____

Credit Card number _____ **Exp. Date** _____

Signature _____