



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

FOR OFFICE USE ONLY	
Date _____	Initials _____

APPLICATION FOR RESIDENT PIONEER LICENSE

Oregon Revised Statutes require that you be an Oregon resident for at least six (6) months immediately prior to applying for this license, will be 65 years of age or older this year, and that you have resided in Oregon for not less than 50 years prior to the date of application.

I came to Oregon in _____
(month and year)

PLEASE PRINT

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

First Name _____ M.I. _____ Last Name _____

Date of Birth _____ Male Female

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. Further, I certify that I will be 65 this year and I have lived in the state of Oregon for at least 50 years 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.