



**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** \_\_\_\_\_