IOWA DEPARTMENT OF NATURAL RESOURCES
Licensing Section
502 East 9th Street, Des Moines, IA 50319-0034
Phone: (515) 725-8200 www.iowadnr.gov

For Department Use Only			
Trans #:		Issued By:	
Code #:		Date Issued:	

APPLICATION FOR IOWA SPECIAL NONRESIDENT DISABLED MILITARY TURKEY LICENSE

If completing online, please use the "TAB" key to navigate your way through this form. Do not press Enter.

APPLICANT INFORMATION:

Full Name:						**Phone #:**	
Address:							
City/State/Zip:						**County:**	
***Social Security #:**						**Birth Date:**	
State DL/ID #:					**DNR Customer # (If known):**		
Eye Color:		**Height:**	ft. in.	**Weight:**	lbs.	**Hair Color:**	
Gender:	☐ **Male** ☐ **Female**		**Email:**				

The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining a hunting, fishing or other recreational license under section 252J.8 of the Code of Iowa and 42 US Code 666(a)(13). Your social security number will serve as your principal identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unit to establish, modify, and enforce child support obligations and to collect liabilities owed to the state or a state agency. It **WILL NOT appear on your license.*

QUALIFICATIONS:

The nonresident applicant must be a veteran and must have an assigned service-related disability rating of 30% or more under United States Code, Title 38, Chapter 11; OR must be a member of the armed forces serving on active federal duty currently participating in the Integrated Disability Evaluation System (IDES).

The applicant must be participating in a hunt conducted by an approved nonprofit organization that conducts hunting experiences for disabled veterans and military personnel.

SECTION 1: ELIGIBILITY *(Both portions of the section are required to qualify for this license.)*

☐ Approved Organization

Sponsoring Organization: _____

Address: _____

Hunt Organizer/Contact and phone number _____

Please select one of the following qualifications and submit all required paperwork

☐ **I am a veteran and am eligible based on a Service Connected Disability Rating (30% or more)**

Please include the following as proof:

- ☐ **DD214, NGB 22, DARP 249, or a Notice of Separtation**
- ☐ **COPY** of a letter from the U.S. Department of Veterans Affairs which indicates that you are entitled to a service connected disability rating.

For a copy of a current letter of disability from the U.S. Department of Veterans Affairs, please contact your Regional Office of the U.S. Department of Veteran Affairs

OR

☐ **I am a member of the armed forces serving an active federal duty and participating in the Integrated Disability Evaluation System to determine the extent of my disability.**

Please include the following as proof:

- ☐ **Current military identification and papers showing you are on active duty.**
- ☐ **An official letter from your assigned Physical Evaluation Board Liaison Officer describing your service-related injuries.**

SECTION 2: LICENSE TYPE *(Please check the box next to the type of license you are requesting.)*

I am requesting a license for:

☐ **Turkey Season 1** ☐ **Turkey Season 2** ☐ **Turkey Season 3** ☐ **Turkey Season 4**

☐ I'm attaching a photocopy of my hunter safety certificate to this application.
My Hunter Safety Number is: _____

If approved for a special Nonresident Turkey License the hunter must also purchase a Small Game Hunting License and Habitat Fee at resident prices. If this special license is obtained, the hunter is not eligible to obtain a Nonresident Turkey License under any other provision of the law.

_____ _____
Applicant Signature ***Date***

SECTION 3: LICENSE PROCESSING REQUIREMENTS

To process your license request, please submit the following to the Iowa Department of Natural Resources office listed below:

- ☐ Application *(Signed and Dated)*
- ☐ Copy of DD214, NGB 22, DARP 249, or a Notice of Separation **or** current military ID and papers showing you are on active duty.
- ☐ Copy of a letter provided by the U.S. Department of Veterans Affairs stating you are entitled to a service connected disability rating **or** an official letter from your assigned Physical Evaluation Board Liaison Officer describing your service related injuries.
- ☐ Photocopy of Hunter Safety Certificate
- ☐ Organization and Contact Information

License is only valid when participating in a hunt conducted by an approved nonprofit organization that conducts hunting experiences for disabled military.

PLEASE MAIL OR FAX TO:

DNR Central Office
Aron Arthur
502 East 9th Street
Des Moines, IA 50319
Phone: (515) 725-8200
Fax: (515) 725-8201