

## **IOWA DEPARTMENT OF NATURAL RESOURCES**

**Licensing Section** 

502 East 9<sup>th</sup> Street, Des Moines, IA 50319-0034 Phone: (515) 725-8200 www.iowadnr.gov

For Department Use Only					
DNR #:		Issued			
DNK#:		Ву:			
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Code #.	020 [ 821	Issued:			

## APPLICATION FOR IOWA LIFETIME HUNTING/FISHING LICENSE FOR RESIDENT, DISABLED VETERANS\*

\*Disability must be service-connected. Applicants can also qualify based on POW status.

Duplicates of a previously issued license may be purchased from any license agent for \$4.50.

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

APPLICANT		•	e the TAB	KCY to	navigate your	way till oug	11 tills 101111. <u>Do not</u> pre	235 Effect.
Full Name:							Phone #:	
Address:								
City/State/2	· —						County:	
*Social Secu	ırity#:						Birth Date:	
Iowa DL/ID	#:				DNR C	Customer#	If known):	
Eye Color:		Height:	ft.	in.	Weight:	lbs.	Hair Color:	
Gender:	Male	Female	Email:					
under section 25 eligibility for lice	2J.8 of the Codenses. It will be p	e of Iowa and 42 US C	Code 666(a)(13) Cement agencie	. You socials	il security number v Iowa Child Support	will serve as you Collection Unity	ing a hunting, fishing or other r principal identification numb to establish, modify, and enfo	er to determine your
QUALIFICA	TIONS:							
section 1:	a service co	onnected disabilit  Y (You must che	y rating und cck <u>ONE</u> box	er the U	nited States Co	de, Title 38,	<u> </u>	es that the veteran
	_	d on a Service (		Disabil	lity Rating			
Plea		the following as	•					
	=	214, NGB 22, DAR			-			
		<b>PY</b> of a letter from inected disability i	•	artment	of Veterans Affa	airs which ind	icates that you are entitle	ed to a service
For a c		•	•	e U.S. De	epartment of Ve	eterans Affair	s, please contact the Reg	ional Office:
			-		ent of Veteran			
		Federal Bu	ilding – Roor	,	LO Walnut St, De : 1-800-827-100		0309-2114	
OR				PHOHE.	1-000-027-1000	<u> </u>		
	zihla as a B	Prisoner of War	•					
		the following as						
1 100		214, NGB 22, DAR		otice of	Separation			
						ist with verif	ication of your eligibilit	v.
					ent of Veterans		,	•
		Camp Dod	ge, Building 3	3465, 710	05 NW 70 <sup>th</sup> Ave,	Johnston IA 5	0131-1824	
			Phone: (	515) 252	2-4698 or 1-800-	838-4692		

SECTION 2: LICENSE TYPE (Please check the box next	to the type of license you are requesting.)
I am requesting a license for:	
Hunting/Fishing	
Please Check One Box Here:  I was born on or before January 1, 1972  OR  I was born after January 1, 1972. I'm attaching a photocopy of my hunter safety certificate to this application.  My Hunter Safety Number is:	Hunter Education Requirement: By signing your license, you are attesting that you are eligible for your hunting license. To be eligible, persons born after January 1, 1972, must complete a state-approved hunter safety and ethics education course or test out. In addition, those persons born after January 1, 1972, must attach a photocopy of their hunter safety certificate to this application; otherwise, your license will be restricted to fishing only.
OR Fishing Only	
I hereby apply for an Iowa Resident Veteran's Lifetime Hunti automatically makes this application invalid. Therefore, any	ing/Fishing license. I understand that providing false information and all licenses issued as a result will also be invalid and may be or d under lowa Code 714.8(4), and for hunting, fishing, or trapping
Applicant Signature	
Applicant Signature  SECTION 3: LICENSE PROCESSING REQUIREMENTS	Date
SECTION 3: LICENSE PROCESSING REQUIREMENTS  To process your license request, please submit the follow	Date wing to any of the Iowa Department of Natural Resources offices
SECTION 3: LICENSE PROCESSING REQUIREMENTS  To process your license request, please submit the followlisted below:	
SECTION 3: LICENSE PROCESSING REQUIREMENTS  To process your license request, please submit the follow listed below:  Application (Signed and Dated)	wing to any of the Iowa Department of Natural Resources offices
SECTION 3: LICENSE PROCESSING REQUIREMENTS  To process your license request, please submit the follow listed below:  Application (Signed and Dated)  Copy of DD214, NGB 22, DARP 249, or a Notice of Section 1.	wing to any of the Iowa Department of Natural Resources offices  paration
SECTION 3: LICENSE PROCESSING REQUIREMENTS  To process your license request, please submit the follow listed below:  Application (Signed and Dated)  Copy of DD214, NGB 22, DARP 249, or a Notice of Second Copy of a letter provided by the U.S. Department of	wing to any of the Iowa Department of Natural Resources offices  paration  Veterans Affairs stating you are entitled to a service connected
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**NW Regional Office** Spirit Lake Fish Hatchery 122 252<sup>nd</sup> Ave Spirit Lake, IA 51360

Phone: (712) 336-1840

**NE Regional Office** Manchester Fish Hatchery 22693 205<sup>th</sup> Ave Manchester, IA 52057 Phone: (563) 927-3276



**DNR Central Office** 502 E 9<sup>th</sup> St Des Moines, IA 50319

Phone: (515) 725-8200

Cold Springs State Park 57744 Lewis Rd Lewis, IA 51544-5103 Phone: (712) 769-2587

SW Regional Office

(Please allow a minimum of two weeks to process mailed applications)