



# APPLICATION FOR DISABLED/SPECIAL NEEDS LICENSE

Revised July 2022

Send completed application form, supporting documents, and proper fee to:  
Louisiana Department of Wildlife and Fisheries (LDWF)  
Attention: Sports Licenses, PO Box 98000, Baton Rouge, LA 70898

## SECTION 1: ITEMS

- Disabled/Special Needs Hunting and Fishing** (Fee: \$4.00)
- I wish to donate to the Hunters for the Hungry Program**
  - \$1.00     \$5.00     \$10.00     \$20.00     Other amount: \_\_\_\_\_
- I wish to donate to the Disabled Veterans License Program**
  - \$1.00     \$5.00     \$10.00     \$20.00     Other amount: \_\_\_\_\_

## SECTION 2: QUALIFYING CRITERIA

- A Louisiana resident who is blind, paraplegic or is a single or multiple amputee or is required to use one or more artificial limbs or permanent braces for mobility as a result of permanent and total disability; OR
- A Louisiana resident who is totally and permanently disabled and receiving a disability benefit from the federal social security system (not SSI) or a disability retirement income from a retirement system whose members are exempt from federal social security; OR
- A Louisiana resident who is the surviving spouse of a member of the US Armed Forces, including the Louisiana Army National Guard or Louisiana Air National Guard, who was killed in action while in a combat zone

## SECTION 3: REQUIRED DOCUMENTATION

### Blind/Paraplegic/Amputee

- Copy of current Louisiana Driver's License or state issued ID (issued a minimum of 6 months prior to applying)
- Provide certification from physician of qualifying criteria (certification available at bottom of form)

### Disabled

- Copy of current Louisiana Driver's License or state issued ID (issued a minimum of 6 months prior to applying)
- Copy of current award letter from Social Security
- For retirees: provide an original letter signed by an officer from the Railroad Retirement System, State Retirement System, or political subdivision retirement system stating that the individual is totally and permanently disabled and receiving disability retirement income from a retirement system whose members are exempt from social security

### Surviving Spouse - Killed in Action

- Copy of current Louisiana Driver's License or state issued ID (issued a minimum of 6 months prior to applying)
- Copy of the DD-1300 form
- Copy of the death certificate

## SECTION 4: APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number (mandatory): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Hunter Education #: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of applicant or parent: \_\_\_\_\_

I hereby certify that all information provided herein is true and correct.

## SECTION 5: DISABILITY CERTIFICATION (only required for Blind/Paraplegic/Amputee)

I hereby certify that I have personally examined the individual named above and certify that he/she is disabled as specified below. In the case of artificial limbs or permanent braces, I certify that this is a permanent and total disability and that the applicant will always require artificial limbs and/or braces for mobility. I further certify that in the case, of legally blind (visual acuity of 20/200 or less in the better eye with correcting lenses) the visual acuity with correcting lens of the left eye is \_\_\_\_\_ and the right eye is \_\_\_\_\_.

Check one:  **Legally Blind**     **Paraplegic**     **Single or Multiple Amputee**     **Artificial Limbs or Permanent Braces**

Physician's Name (Type or print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>
DATE RECEIVED: _____
LDWF #: _____
MONEY ORDER, CHECK, OR CASH: _____