## DISABLED VETERANS AND PRISONER OF WAR

**Application For** 

## REDUCED FEE HUNTING & FISHING LICENSE

**Eligibility:** Applicants must be a **resident** of South Dakota and meet one of the following conditions. With the completed application, you must include verification for your service award or injury.

\*\*You must submit your verification papers even if you have previously held a reduced fee license.\*\* The applicant is a person who (check the applicable box): (1) can provide a copy of a letter from the VA indicating they have received the "K" award or they receive a veterans allotment for a 40% or greater disability which is deemed a service-connected injury and will meet eligibility as established in state law SDCL 41-6-10.2. A current benefits letter from the VA will have the required information. (2) can provide a copy of a letter from the Social Security Administration indicating that they are receiving a 40% Social Security disability and verification that they have served on active duty in the armed forces or as a member of the armed forces reserve or national guard. (3) can provide a copy of the discharge papers verifying the Prisoner of War status. If you do not have the verification papers in your possession, you may contact the Veterans Administration in Sioux Falls and have them sent to you. **Submission:** Application <u>and</u> verification papers, along with the \$10.00 fee, must be submitted to: Game, Fish and Parks Disability License 20641 SD Hwy 1806 Ft. Pierre. SD 57532 Upon completion of this form and with the attached proof of eligibility, South Dakota residents will receive a Reduced Fee Hunting & Fishing License. This license (card) will be a replacement for the resident small game license and resident fishing license. The Reduced Fee Hunting and Fishing License will be valid for four license years. Please Print: Renewal **New Permit** I am a South Dakota Resident 1. Name: \_\_\_\_\_ First Middle Initial 2. Address: \_\_\_\_ (Zip +4)Street, Box Number, Rural Route Citv State 3. Social Security Number (Last four only) Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ 4. Height: Feet: Inches: Weight: Date of Birth (MDY): / / 5. Are your hunting/fishing privileges under revocation or suspension in any state or country? YES NO (Check one) If yes, you are not eligible. 6. I hereby certify under penalty of law that I meet the hunting/fishing residency requirements and all information herein is true and correct. I affirm that I am eligible for the license in which I am applying. I affirm that my hunting privileges and my fishing privileges are not in any way currently revoked or suspended in any state or country. I understand that if my hunting, or fishing privileges are revoked or suspended in any state or country I am not eligible for that privilege in this state, and I understand that any misrepresentations of fact or identity may result in criminal prosecution and loss of privileges. 

Applicant Signature