DISABLED VETERANS AND PRISONER OF WAR

Application For

REDUCED FEE HUNTING & FISHING LICENSE

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

	pers even ii y	<u>ou have previously he</u>	<u>eld a reduce</u>	<u>d fee licens</u>	<u>e</u> . **
The applicant is a person who (check the	applicable box):			
(1) Can provide a copy of a letter from a veterans allotment for a 40% or good meet eligibility as established in state the required information.	reater disabilit	y which is deemed a s	ervice-conne	ected injury a	and will
(2) Can provide a copy of a letter from a 40% Social Security disability and or as a member of the Armed Force	verification that	at they have served on			
(3) Can provide a copy of the disch	arge papers ve	rifying the Prisoner of \	Nar status.		
lf you do not have the verification papers Sioux Falls and have them sent to you.	in your posse	ssion, you may contac	t the Veterar	ns Administra	ation in
Submission: Application and verificatio	n papers, alon	g with the \$10.00 fee, i	must be subi	mitted to:	
Di: 20	ame, Fish and l sability License 641 SD Hwy 1 ort Pierre, SD 5	e 806			
Upon completion of this form and with the Reduced Fee Hunting & Fishing License license and resident Fishing license. You can be resident Fish and Parks of the four license years.	e. This licens can print a copy	e will be a replacemend of the license, display	nt for the res the license o	sident Small n your smart	Game phone,
Please Print: Renewal		□ New Perr	nit		-
Please Print:	Dakota Reside		nit		-
☐ I am a South □	Dakota Reside		nit		-
<u>_</u>	Dakota Reside First		nit		•
I am a South D 1. Name: Last 2. Address:	First	nt Middle Initial			_
1. Name: Last 2. Address: Street, Box Number, R	First ural Route	Middle Initial City	State	(Zip +4)	-
1. Name: Last 2. Address: Street, Box Number, R	First ural Route	nt Middle Initial		(Zip +4)	-
I am a South D 1. Name: Last 2. Address:	First ural Route	Middle Initial City Phone Number: (State)	(Zip +4)	-
I am a South D 1. Name: Last 2. Address: Street, Box Number, R 3. Social Security Number (Last four only	First ural Route)	Middle Initial City Phone Number: (Email Address:	State)		-
I am a South D 1. Name: Last 2. Address: Street, Box Number, R 3. Social Security Number (Last four only) 4. Date of Birth (MDY): /	First ural Route)/ er revocation c	Middle Initial City Phone Number: (Email Address: or suspension in any sta	State)		-
I am a South E 1. Name: Last 2. Address: Street, Box Number, R 3. Social Security Number (Last four only 4. Date of Birth (MDY): 5. Are your hunting/fishing privileges und	First ural Route) er revocation of the second of t	Middle Initial City Phone Number: (Email Address: or suspension in any stateligible. unting/fishing residence ligible for the license in the	State) ate or country y requirement n which I am y revoked or ted or suspe	y? Ints and all Ints applying. I ale suspended in any series.	n any state
Last 2. Address: Street, Box Number, R 3. Social Security Number (Last four only) 4. Date of Birth (MDY):/ 5. Are your hunting/fishing privileges und YES NO (Check one) If ye 6. I hereby certify under penalty of law th information herein is true and correct. I afthat my hunting privileges and my fishing state or country. I understand that if my hor country I am not eligible for that privilegor identity may result in criminal prosecution.	First ural Route) er revocation of the state of the state of the state, and the state, ion and loss of	Middle Initial City Phone Number: (Email Address: or suspension in any stateligible. unting/fishing residence ligible for the license in not in any way currently ng privileges are revok and I understand that privileges.	State) ate or country y requirement n which I am y revoked or ted or suspe	y? onts and all one applying. I a suspended in one ded in any sesentations of	n any state