



DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
WILDLIFE AND FRESHWATER FISHERIES DIVISION



DISABLED MILITARY VETERAN'S APPRECIATION  
THREE DAY EVENT HUNTING LICENSE  
Resident - Nonresident

Cost: \$131.65

**EVENT INFORMATION:** All information is required.

Event Name: \_\_\_\_\_  
Event Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Species to be hunted: \_\_\_\_\_

Application is being made for the event to be sanctioned by the Commissioner of Conservation and Natural Resources to qualify for the Military Veteran's Appreciation 3-day hunting event license. This event license can include up to 10 U.S. Military Veterans, who are certified by the U.S. Veteran's Administration as 50 percent or more physically disabled. Each applicant must submit picture ID (driver's license, state or military ID card) and VA disability statement.

Approved:



\_\_\_\_\_  
N. Gunter Guy, Jr., DCNR Commissioner

\_\_\_\_\_  
Date

**Hunter # 1:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
Female  
Wt. \_\_\_\_\_  
Ht.: \_\_\_\_\_  
Eyes \_\_\_\_\_  
Hair: \_\_\_\_\_  
Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address, City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Hunter # 2:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
Female  
Wt. \_\_\_\_\_  
Ht.: \_\_\_\_\_  
Eyes \_\_\_\_\_  
Hair: \_\_\_\_\_  
Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address, City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Hunter # 3:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
Female  
Wt. \_\_\_\_\_  
Ht.: \_\_\_\_\_  
Eyes \_\_\_\_\_  
Hair: \_\_\_\_\_  
Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address, City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Hunter # 4:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
Female  
Wt. \_\_\_\_\_  
Ht.: \_\_\_\_\_  
Eyes \_\_\_\_\_  
Hair: \_\_\_\_\_  
Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address, City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

(1) DCNR IS NOW REQUIRED BY SECTION 30-3-194(A) CODE OF ALABAMA 1975 TO COLLECT SOCIAL SECURITY NUMBERS ON ALL RECREATIONAL LICENSES BEING ISSUED/RENEWED.

**Hunter # 5:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
 Female  
 Wt. \_\_\_\_\_  
 Ht.: \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair: \_\_\_\_\_  
 Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 (1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Hunter # 6:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
 Female  
 Wt. \_\_\_\_\_  
 Ht.: \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair: \_\_\_\_\_  
 Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 (1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Hunter # 7:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
 Female  
 Wt. \_\_\_\_\_  
 Ht.: \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair: \_\_\_\_\_  
 Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 (1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Hunter # 8:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
 Female  
 Wt. \_\_\_\_\_  
 Ht.: \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair: \_\_\_\_\_  
 Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 (1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Hunter # 9:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
 Female  
 Wt. \_\_\_\_\_  
 Ht.: \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair: \_\_\_\_\_  
 Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 (1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Hunter # 10:** All information is required. Attach copy of driver's license, state or military ID and VA disability statement.

Sex: Male  
 Female  
 Wt. \_\_\_\_\_  
 Ht.: \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair: \_\_\_\_\_  
 Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 (1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_

Check to be: [ ] excluded from DCNR email updates and [ ] excluded from list sold by DCNR. If blank, you will be included.

**Submit:** (1) completed application, (2) check or money order, (3) copy of driver's license, state or military ID for EACH HUNTER, and (4) copy of disability statement and Hunter Education Card for EACH HUNTER to: Dept. of Conservation and Natural Resources, Wildlife and Freshwater Fisheries Div., Attn: License Sales, PO Box 301456, Montgomery, AL 36130-1456, or by express mail requests: 64 N Union Street, Ste. 567, 36104. Questions: (334) 242-3465 or [dcnr.wfflicense@dcnr.alabama.gov](mailto:dcnr.wfflicense@dcnr.alabama.gov).

Sign Here

**Coordinator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sex: Male  
 Female  
 Wt. \_\_\_\_\_  
 Ht.: \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair: \_\_\_\_\_  
 Race: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 (1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_

FOR OFFICE USE ONLY

License Number: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_