



# Disability Recreational Hunting and Fishing License Application

Mail to: SCDNR License Office • PO Box 11710 • Columbia, SC 29211-1710 • (803)734-3833 M-F 8:30-4:50 PM ET  
Disability Licenses are only available to those that meet the definition of "Resident" for the purpose of obtaining South Carolina hunting and fishing licenses. Applicant must meet the residency requirement for at least 365 days immediately prior to the date of application.

## Applicant Information

Customer # \_\_\_\_\_ or Social Security # \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

C \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name (as it appears on your SC Driver's License or ID Card)

First \_\_\_\_\_ M Init \_\_\_\_\_ Last \_\_\_\_\_ Suffix (Sr, Jr, III, etc) \_\_\_\_\_

### Home

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SC County of Residence \_\_\_\_\_

Mailing (only if different from Home address)

Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SC Driver's License or ID# (Enclose photocopy) \_\_\_\_\_

Phone \_\_ Home \_\_ Cell \_\_ Work \_\_\_\_\_ Phone \_\_ Home \_\_ Cell \_\_ Work \_\_\_\_\_ E-mail Address \_\_\_\_\_

## License Types

Combination License (Freshwater Fishing, Saltwater Fishing, State Hunting, Big Game, WMA, Migratory Waterfowl) (HE) Do you plan to fish in saltwater?  Yes  No

Fishing License (Freshwater Fishing, Saltwater Fishing) Do you plan to fish in saltwater?  Yes  No

Hunting Add-on for an existing Fishing License (State Hunting, Big Game, WMA, Migratory Waterfowl) (HE)

**Disability licenses expire on the third anniversary of the date issued. If you are renewing, include a copy of your current disability license.**

## Disability Certification

1. Include a copy of your unexpired SC Driver's License or ID Card.
2. Include a current copy of your disability certification from one of the following programs that declares you disabled and eligible to receive disability benefits.

\_\_\_ Social Security Administration      \_\_\_ SC Retirement System      \_\_\_ Railroad Retirement Board

\_\_\_ US Department of Veteran Affairs      \_\_\_ Federal Civil Service      \_\_\_ Medicaid

3. Include an official statement from your physician if you are certified with Paraplegia or Quadriplegia. Individuals certified as such are eligible for a Lifetime Disability License. Notes on a prescription pad are not accepted.

## Hunter Education Certification

(HE) Hunter Education Certification is required for persons born after June 30, 1979 who apply for hunting privileges.

Hunter Education Number \_\_\_\_\_ State of Issue \_\_\_\_\_

I affirm that I am not under suspension for any natural resources violation and I am eligible to apply for, hold, and use the above SCDNR licenses and permits and that the information provided above is true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Any personal information collected by SCDNR for licenses, watercraft titles, and registrations, except social security number, driver's license number, gender, and race, is subject to disclosure under the Freedom of Information Act. However, if released, state law prohibits the use of this information for solicitation or commercial purposes.

The disclosure of your social security number is required to obtain SC hunting and fishing licenses. This complies with SC Code Annon 63-17-1080 and Federal law 42 USCA 666(a)(13), which requires a licensing agency to provide this information to the Child Support Enforcement Unit of the Department of Social Services to establish, modify and enforce child support orders.