



NEVADA DEPARTMENT OF WILDLIFE
RESIDENT APPLICATION FOR SEVERELY DISABLED HUNTING AND/OR FISHING LICENSE
LICENSE YEAR IS ONE YEAR FROM DATE OF PURCHASE



PLEASE RETURN THIS FORM TO THE REGION OFFICE NEAREST TO YOU
Western Region, License Office, 1100 Valley Rd., Reno, NV 89512; (775) 688-1500
Western Region, License Office, 4082 Reno Highway, Fallon, NV 89406; (775) 688-1820
Eastern Region, License Office, 60 Youth Center Rd., Elko, NV 89801; (775) 777-2300
Southern Region, License Office, 3373 Pepper Ln., Las Vegas, NV 89120; (702) 486-5127

RESIDENT SEVERELY DISABLED OR BLIND SPECIALTY COMBINATION HUNTING AND FISHING LICENSE -\$15.00*

***This does not include processing fees**

PROVISIONS: The Department shall issue a combined hunting and fishing license authorized under the provisions of this chapter, upon proof satisfactory of the requisite facts and payment of the applicable fee, to any person who as of the date of his application for a license who is a resident and has a severe physical disability or is blind.

1. For the purpose of issuing such a license, "severe physical disability" means a physical disability which materially limits the person's ability to engage in gainful employment.
2. For the purpose of issuing such a license, "blind" includes any person whose visual acuity with correcting lenses does not exceed 20/200 in the better eye, or whose vision in the better eye is restricted to a field which subtends an angle of not greater than 20°.
3. "Resident" means a person who is a citizen of, or is lawfully entitled to remain in, the United States; and during the 6 months next preceding his application to the Department for a license, he: (1) was domiciled in this state; (2) was physically present in this state, except for temporary absences; and (3) did not purchase or apply for any resident license to hunt or fish in another state, country or province.
4. The application must be certified by a physician, optometrist, or ophthalmologist utilizing the physician's statement on the next page.
5. **Social Security Number** is required for the Department to issue the license.
6. **Attach copy** of identification dated six months prior to application which shows current residency. Such proof may include a Nevada driver's license, rent receipts, public utilities, employment check stubs, or other documents indicating the licensee's name and current address. A previous year's license is not acceptable proof of residency.
7. Hunting license applicants born after January 1, 1960 **must attach** a copy of their hunter education certificate from a state or Canadian provincial wildlife agency, or a previous year's hunting license which contains a number or unique mark evidencing completion of a hunter education course. NRA or military certificates are not acceptable.

APPLICANT PLEASE COMPLETE BELOW:

Print Name _____
Last First Initial

Social Security Number _____ Date of Birth _____

Mailing Address _____
City State Zip Code

Physical Street Address _____
(Mandatory if the mailing address is a P.O. Box – otherwise write ("same")) City State Zip Code

Telephone Number () eMail Address _____

Eye Color _____ Hair Color _____ Gender _____ M / F Height _____ Weight _____
Circle One

Nevada Resident Since: Month _____ Year _____

Driver's License Number _____ State of Issuance _____

I, the signator holder in signing this application, hereby state that I am entitled to this license under the laws of the State of Nevada and that no false statement has been made by me to obtain this license.

Date _____ Applicant's Signature _____

Date _____ *Parent or Legal Guardian Signature _____

* Parent or legal guardian signature required for youth 17 years of age and younger purchasing a hunting or combination hunting and fishing license as per NRS Chapter 41, as provided on the back of this application.

PHYSICIAN STATEMENT:

Does the patient's permanent physical disability materially limit his/her ability to engage in gainful employment? Y / N
Circle One

Does the patient meet the blind definition described in #2 of the provisions section of this form? Y / N
Circle One

I certify that the applicant named above meets the conditions of a person with a severe disability and/or blind person as defined above.

Physician's Signature

Date

Printed Name and Address of Physician

*NRS 41.472

1. If a parent, guardian or other person legally responsible for a minor under the age of 18 years:

(a) Knows that the minor has previously been adjudicated delinquent or has been convicted of a criminal offense;

(b) Knows that the minor has a propensity to commit violent acts; or

(c) Knows or has reason to know that the minor intends to use the firearm for unlawful purposes,

and permits the minor to use or possess a firearm, any negligence or willful misconduct of the minor in connection with such use or possession is imputed to the person who permits such use or possession for all purposes of civil damages, and, notwithstanding the provisions of subsection 2 of NRS 41.470**, that person is jointly and severally liable with the minor for any and all damages caused by such negligence or willful misconduct.

**NRS 41.470 states the joint and several liability of one or both parents or guardian having custody or control of a minor under this section shall not exceed \$10,000 for any such act of willful misconduct of the minor.

(DEPARTMENT Use)

APPROVED _____
Date Signature

DISAPPROVED _____
Date Signature

(Submit the original application and any supporting documentation to NDOW Headquarters for retention.)