

**STATE OF WEST VIRGINIA**  
**DIVISION OF NATURAL RESOURCES**  
**DISABLED VETERANS AND FORMER PRISONERS OF WAR**  
**APPLICATION FOR HUNTING AND FISHING PRIVILEGES**

VA File or Claim No. \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_, WV Zip Code \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex: M F

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Driver's License or ID# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

NOTE: Please check applicable sections below and sign application. You must include a copy of your benefits letter showing **Permanent and Total** status. Signature of witness is required if application is signed by mark (X). **Mail form to: WV Department of Veterans Assistance, 300 Technology Drive, Suite 201, South Charleston, WV 25309.**

I hereby certify that I am a resident of West Virginia, that I was honorably discharged from the Armed Forces of the United States of America, and that I now receive veteran's compensation based on total permanent service connected disability as determined under rules and regulations as administered by the Veterans Administration.

I hereby certify that I am a former Prisoner of War, was honorably discharged from the military forces of the United States and am a resident of West Virginia as required in Chapter 20-2-62, West Virginia Code.

I hereby certify that I am a disabled veteran, a resident of West Virginia, and I am exempt from the payment of any motor vehicle registration fees as provided for in Chapter 17A-10-8, West Virginia Code.

Vehicle Registration No. \_\_\_\_\_

*I consent to have the pertinent information from the VA records to be released to the Director of the Division of Natural Resources. I also understand that at such time as the VA determines I no longer meet eligibility requirements as stated above, or that I am no longer a bona fide resident of the State of West Virginia, I will surrender my veterans or prisoner of war hunting and fishing privilege card to the Division of Natural Resources within 10 days of such change in my status.*

*I certify that the information contained in this application is true and correct.*

This information required if requesting hunting license

Hunter Education Certification Card No.  
Any person born on or after January 1, 1975 must present proof of completion of a Hunter Education Course prior to purchasing any hunting license.

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

\_\_\_\_\_  
Witness if Signed by Mark X Date

**FOR OFFICIAL USE**

This is to certify that the above named veteran is now receiving total permanent service connected disability compensation according to the records of the Veterans Administration or that the applicant was a prisoner of war who was honorably discharged from the U.S. military forces.

ELIGIBLE- NOT ELIGIBLE  
(Circle One)

\_\_\_\_\_  
Signature, WV Veterans Assistance Official Date

This is to certify that the above named veteran is now exempt from the payment of any motor vehicle registration fee as provided for in Chapter 17A-10-8, West Virginia Code.

ELIGIBLE – NOT ELIGIBLE  
(Circle One)

\_\_\_\_\_  
Signature, Commissioner of Motor Vehicles Date



## Please consider Organ Donation

West Virginia residents can use this form to register as an organ, eye, and tissue donor. Information entered here will be electronically sent to the National Donate Life Registry, the online donor registry, and will be used only for verifying your donation decision. If you support donation, please register as a donor and share your decision with your family.

Did you know anyone age 18 and up can register as an organ, eye and tissue donor, regardless of health conditions.

- You can help more than 75 people through organ and tissue donation.
- An open casket funeral or viewing is possible.
- There is no cost to you or your family and all major religions support donation.

Have a question you don't see listed here? Visit <https://donatelifewv.org>.

### Terms and Conditions

By submitting this registration, I affirm that I am the registrant described on this application and that the information entered is true and correct to the best of my knowledge. This registration is a binding, legal document of gift. You agree upon death to donate all eligible organs and tissues for transplant. Eligible Organs and tissues that can be donated include heart, lungs, liver, kidneys, pancreas, and intestines, eyes, skin, heart valves, bone, veins, and connective tissue. The donor indication on your hunting or fishing license is authorization for donation and will ensure that your decision is honored.

- You can update or remove your registration or specify more detailed donation preferences at any time at <https://Registerme.org>.
- View the Donate Life privacy policy at <https://registerme.org/privacy.aspx>
- The National Donate Life Registry is managed by Donate Life America – <https://donatelifenet>
- View the WV privacy policy at <https://www.wv.gov/policies/Pages/privacy.aspx>

### Informed Consent for Release of Information:

I hereby authorize the West Virginia Division of Natural Resources to release my name, address, date of birth, email address, and last 4 digits of my social security number collected for the express purpose of registering as an organ, eye, and tissue donor. I understand the data collected is considered personal information under West Virginia Code § 46A-2A-101, and my choice to make an anatomical gift is entirely voluntary. I understand and agree that in submitting this registration my personal information will be shared with an organ and tissue organization designated by the federal government. Data released to the organ and tissue organization will remain private and further disclosure other than its intended purpose is prohibited.

- Yes, I choose to register as an organ and tissue donor pursuant to West Virginia Code §16-19-5.
- No, not at this time. (checking this box will not amend or revoke any prior existing donor registration)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date