

APPLICATION

Lifetime Hunting & Fishing License for Resident Volunteer Firefighters and Rescue/Emergency Medical Services Squads

This license shall be issued only to an individual resident of North Carolina who is a member of a volunteer fire department, rescue squad, or emergency medical services squad for five consecutive fiscal years including the prior fiscal year. **Certification verifying eligibility must be submitted with this application (see page 2).**

Licenses may now be purchased online at gooutdoorsnorthcarolina.com

Applicant Information: Apply online at <u>Gooutdoorsnorthcarolina.com</u> or mail the completed application, certification (see page 2), and fee to <u>NCWRC 1707 Mail Service Center Raleigh, NC 27699.</u>

A nn	licant's Name:						Telephone # ()		
Арр	iicant s Name	First	Middle	Last		relephone #_()		
Resi	dent Address:	Street		City		State	Zip Code		
Mail	ina Address (if diff).	•					
Man	ing Address (ii din	erent from abo	ve):Street or PO Box	City		State	Zip Code		
Date	of Birth:		NC Driver License	#:	Last 4 of SSN#	ŧ			
WRO	C Customer # (if ava	ilable):	<u></u>	mail Address:					
Incomplete applications and those received without proper certification documentation will be returned.									
	Resident Unified Sp	ortsman/Coast	al Recreational Fishing.					\$425.50	
	Resident Sportsman.							\$315.00	
□ F	Resident Compreher	nsive Hunting						\$157.50	
□ F	Resident Compreher	nsive Inland Fi	shing					\$157.50	
□ F	Resident Coastal Re	creational Fish	ing					\$157.50	
□ F	Resident Unified Inl	and/Coastal Re	creational Fishing					\$283.50	
	seasonal items such atdoorsnorthcaroli		anagement E-Stamp, HI	P, or Federal Duck Sta	mp, or for additional life	Purchase Subtota Plus Transaction	al \$_	5.00	
						Purchase Total *Transaction fee man	\$_ adated by NCGS	S 113-270 1B	
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COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A LICENSE WITH HUNTING PRIVILEGES.									
Unless otherwise indicated below, a person may not purchase a hunting license or hunt in NC without having a Certificate of Competency for completing a hunter education course or had a NC hunting license effective prior to July 1, 2013.									
Check o	one of the following:								
	I had a North Carolin	a hunting licens	e effective prior to July 1, 2	2013.					
	I have successfully co	ompleted a hunt	er education course. Hunt	er Education Certificate N	lumber:	<u>Sta</u>	ate:		
	of age or older who i	s properly licens	ed to hunt in North Caroli	na. "Accompanied" is defi	I do so, when hunting I mu ned as maintaining a proxi ice at all times without the	mity to the hunter,	which enable	•	
	tify that all information			e and accurate and unde	erstand that providing fa Date:	lse information			

# VOLUNTEER FIREFIGHTER AND RESCUE EMERGENCY MEDICAL SERVICES SQUAD LIFETIME LICENSE CERTIFICATION





### **Volunteer Firefighter:**

To qualify an individual must appear as a volunteer on the certified roster of eligible firefighters submitted to the **North Carolina State Firefighters' Association** under G.S.58-86-25 for five consecutive fiscal years including the prior fiscal year. The state fiscal year runs from July 1st to June 30th. This certification must be completed and signed by the Chief of the volunteer firefighter's current station, or a designee granted authorization by the station chief.

## **Volunteer Rescue and Emergency Medical Services Personnel:**

**SECTION 1: Volunteer's Information:** 

Signature of Chief or designee

To qualify an individual must appear as a volunteer on the certified roster of eligible rescue or emergency medical services squad members submitted to the **North Carolina Association of Rescue and Emergency Medical Services, Inc** under G.S. 58-86-30 for five consecutive fiscal years including the prior fiscal year. The state fiscal year runs from July 1st to June 30th. This certification must be completed and signed by the Chief of the volunteer's current squad, or a designee granted authorization by the Chief.

# Volunteer's Name:______ First Middle Last Address: State Zip Code Street City Date of Birth: Telephone: (_____)____ NCSFA or NCAREMS I.D.#:_____ Consecutive Years of Service: **SECTION 2:** To be completed by Chief or designee I certify, according to evidence of record, the above individual appears on the certified roster of eligible firefighters submitted to the North Carolina State Firefighters' Association, or the eligible rescue or emergency medical services squad members submitted to the North Carolina Association of Rescue and Emergency Medical Services, Inc as a volunteer for five consecutive fiscal years including the prior fiscal year, as required by G.S. 113-276 (o). I further understand that providing false information to obtain a license is a Class 1 misdemeanor (G.S. 113-276 (j)). **Station Name and Location** Name of Chief or designee (Typed or Printed) **Date:** _____

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