

APPLICATION Lifetime Hunting & Fishing License For TOTALLY Disabled Residents

This license shall be issued only to an individual resident of North Carolina who is **TOTALLY** disabled as determined by the Social Security Administration (SSA), Civil Service Retirement System (CSRS), Railroad Retirement Board (**RRB**), the N.C. State Retirement System (**NCSRS**) or has been diagnosed with a presumptive disability as determined by the SSA (20 C.F.R. 416.934). Certification from one of these four agencies must be submitted with this application. Applicants with a presumptive disability, see Presumptive Disability Certification form.

Licenses may now be purchased online at gooutdoorsnorthcarolina.com

| App | olicant's Name: | | | Telephone # () | | |
|--------------|---|--|--|----------------------------------|---|-----------------------------|
| - P P | First | Middle | Last | 101 | | |
| Resi | ident Address: | | | | | |
| | Street | | City | | State | Zip Code |
| Maı | ling Address (if different from | above): Street or PO Box | | City | State | Zip Code |
| D: | h Datas | NC Driver License # | | | | * |
| | h Date: | NC Driver License # | | WKU | C Customer # (if available |) |
| | ail Address: | | | | | |
| mus SSA | you certified as totally disabled st obtain this Certification prior A (20 C.F.R 416.934). Incomple | to applying or submit certific te applications and those rece | ation you have been ived without proper | n diagnosed wi r documentatio | th a presumptive disabili n, will be returned. | |
| | eck Appropriate Box(s) | | | | | |
| <u>Lif</u> e | etime Totally Disabled Fishing | g Only Licenses | | | | |
| | Inland Fishing – Statewide inland fishing. Includes fishing in designated Public Mountain Trout Waters, fishing in trout waters on | | | | | |
| | Coastal Recreational Fishing – | Authorizes fishing in coastal and j | joint waters. It does n | ot authorize fish | ing in inland waters | \$14 |
| Life | etime Totally Disabled Huntin | g & Fishing Licenses | | | | |
| | Hunting/Inland Fishing Combo – Statewide hunting and inland fishing. Includes fishing in designated Public Mountain Trout | | | | | |
| | Sportsman – Statewide hunting and inland fishing. Includes hunting for big game, hunting on game lands, hunting for waterfowl (does not include \$126 the bear management e-stamp or federal duck stamp), fishing in designated Public Mountain Trout Waters, fishing in trout waters on game lands, and fishing in joint waters. It does not include fishing in coastal waters. | | | | | |
| | Sportsman/Coastal Recreational Fishing – Statewide hunting, inland and coastal recreational fishing. Includes hunting for big game, hunting on | | | | | |
| For | seasonal items such as the Bear | Management E-Stamp, HIP, | or Federal Duck St | amp, please vi | sit gooutdoorsnorthcarol Purchase Subto Plus Transactio | otal \$ |
| | | | | | Plus Transaction Purchase Tota | |
| | | | | | | undated by NCGS 113-270.1B. |
| | COMDI ΕΤΕ ΤΗ | S SECTION IF YOU ARE | ADDI VINC EOD | A LICENSE V | WITH HINTING DDI | VILECES |
| | | | | | | |
| educ | ess otherwise indicated below, a pe- cation course or had a NC hunting li ck one of the following: | | | C without having | g a Certificate of Competer | icy for completing a hunter |
| C | I have had a North Carolina hu | nting license effective prior to Jul | y 1, 2013. | | | |
| Ľ | I have successfully completed a | a hunter education course. Hunte | r Education Certificat | e Number: | | State: |

I have **NOT** successfully completed a hunter education course and understand that until I do so, when hunting I must be accompanied by an adult 18 years of age or older who is properly licensed to hunt in North Carolina. "Accompanied" is defined as maintaining a proximity to the hunter, which enables the adult to monitor the activities of the hunter by remaining within sight and hearing distance at all times without the use of electronic devices.

I certify that all information provided on this application is true and accurate and understand that providing false information to obtain a license is a Class 1 misdemeanor. Signature _____ Date

Mail application and fee (payable to NCWRC) to:

Transactions are not considered final until the check has cleared the bank. Items purchased with a returned check will be made invalid. A Service Charge of up to \$25 will be charged on returned checks (G.S. 25-3-506).

North Carolina Wildlife Resources Commission License Section 1707 Mail Service Center Raleigh, NC 27699-1700



NORTH CAROLINA WILDLIFE RESOURCES COMMISSION PRESUMPTIVE DISABILITY CERTIFICATION

If you do not qualify for the Totally Disabled Lifetime License as the result of not being certified as 100% disabled through the Social Security Administration, Civil Service Retirement System, Railroad Retirement Board, or the N.C. State Retirement System, you may qualify for this license if you have a presumptive disability as defined by 20 C.F.R. 416.934 referenced below. If you have a presumptive disability and wish to apply for the Totally Disabled Lifetime License, you must have this Certification completed and signed by your physician and submit with your license application.

Section 1: PATIENT INFORMATION

| Patient's Full Name: | Date of Birth: |
|----------------------|----------------|
| | |

Mailing Address:

Section 2: TO BE COMPLETED BY YOUR PHYSICIAN

I certify, according to evidence of record, the above patient meets the qualifications of a presumptive disability according to 20 C.F.R. 416.934 as shown below.

| Physician's Name Printed: | |
|---------------------------|------------|
| Physician's Signature: | Date: |
| Name of Medical Practice: | Telephone: |
| Medical Practice Address: | |

20 C.F.R. 416.934. Impairments that may warrant a finding of presumptive disability or presumptive blindness.

We may make findings of presumptive disability and presumptive blindness in specific impairment categories without obtaining any medical evidence. These specific impairment categories are —

(a) Amputation of a leg at the hip;

(b) Allegation of total deafness;

(c) Allegation of total blindness;

(d) Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, due to a longstanding condition, excluding recent accident and recent surgery;

(e) Allegation of a stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm;

(f) Allegation of cerebral palsy, muscular dystrophy or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of the hands or arms.

(g) Allegation of Down syndrome.

(h) Allegation of intellectual disability or another neurodevelopmental impairment (for example, autism spectrum disorder) with complete inability to independently perform basic self-care activities (such as toileting, eating, dressing, or bathing) made by another person who files on behalf of a claimant who is at least 4 years old.

(i) Allegation of amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease).