



**Application for Class DT Special
Statewide Hunting & Fishing License**
(Persons with a life-threatening condition)

WV Resident

Non-Resident (must provide Nonprofit Organization Information below)

Nonprofit Organization Name _____

Contact Name _____ Telephone _____

Last Name: _____

First Name: _____ Middle Initial: _____

Street/Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Date of Birth: _____ Height _____ Weight _____

Social Security Number: _____ Phone Number: _____

Driver's License/Non-Driver's Number: _____ Expiration Date _____

Sex: _____ Eye Color: _____ Hair Color: _____ Hunter Ed. Card Number _____

**MEDICAL CERTIFICATE OF TERMINAL CONDITION OR ILLNESS
MUST BE COMPLETED BY A LICENSED PHYSICIAN**

Physician Name _____ Physician License Number _____

Street Address _____ City _____ State _____ Zip _____

I certify that this person has a terminal illness or condition that has a high probability of death within two years

Physician Signature

Date

- (1) Applicants must be diagnosed by a licensed Physician with a life-threatening condition;
- (2) He or she must be under twenty-one years of age;
- (3) A Class DT license entitles the holder to hunt and fish in West Virginia;
- (4) The licensee must be accompanied by a parent, guardian, or other competent adult who has written consent from the parent or guardian and be at least twenty-one years of age;
- (5) The person assisting the licensee must hold a valid hunting or fishing license appropriate to the situation;
- (6) Non-resident applicants must be diagnosed by a licensed Physician with a life-threatening condition;
- (7) Non-resident applicants must complete this form and it should be submitted by a qualifying nonprofit organization that offers hunting and fishing experiences.

Mail the completed application, with original signatures to:

WEST VIRGINIA DIVISION OF NATURAL RESOURCES
ATTN: LICENSE SECTION 324 FOURTH AVENUE
SOUTH CHARLESTON, WV 25303