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| Wis. Stats. Chapter 45 | 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843  (608) 266-1311 | 1-800-WIS-VETS (947-8387) | WisVets.com |
| **ELIGIBILITY APPLICATION**  **For WisDNR RETURNING SERVICE MEMBER** | |
|  | |
| The provision of your social security number is mandatory under the Wisconsin Statutes. Your social security number will be used to verify your identity. If you do not provide your social security number, processing may be delayed. | |

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| Completion of this application will allow WDVA to review your documents submitted to make an eligibility determination for your ability to receive a one-time fee waiver voucher to obtain a resident fishing or hunting license. | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | |  | | | | | |  | | |
| Veteran’s Name: | | |  | | | | | |  | | | | | |  | | |
|  | | | *First* | | | | | | *Middle* | | | | | | *Last* | | |
|  | | | | |  | | |  | | | |  | | | |  | |
| Veteran’s Address: | | | |  | | | | | | | |  | | | |  |  |
|  | | | | *Street* | | | | | | | | *City* | | | | *State* | *Zip Code* |
| Update my address on file with the above address. | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | |  | | | |  | |
| Phone Number: | |  | | | | | | | |  |  | | | | | | |
|  | | *Phone Number, include area code and extension* | | | | | | | |  | *Phone Number, include area code and extension* | | | | | | |
|  | | | | |  | | |  | | | |  | | | |  | |
| Veteran’s Social Security Number: | | | | | | |  | | | | | | *(required to verify your identification)* | | | | |
|  | | | | |  | | |  | | | |  | | | |  | |
| Veteran’s Date of Birth: | | | | | |  | | | |  | | | | | |  | |
|  | | | | |  | | |  | | | |  | | | |  | |
| How do you want to receive correspondence relating to this eligibility request? | | | | | | | | | | | | | | | | | |
| Send to above address | | | | | | | | | | |  | | | |  | |
| Send to this email address: | | | | | |  | | | | | | | | | | |
|  | | | | | | | *(faster response by email)* | | | | | | | | | | |
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| Under penalties of law, I declare that the above information is true, correct and complete, to the best of my knowledge. | | | | | | | | | | | | | | | | | |
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| Veteran’s Signature | | | | | | | | | | | |  | | Date | | | |
|  | | | | |  | | |  | | | |  | | | |  | |
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