DNR-CR-VETPOW1 12.01.2019

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	Socia	al Security Number _		Sex: M F
Height \	Weight _		Eyes	Hair
Driver's License or ID#		Expiration Date:	Phone #	
Email Address:				
NOTE: Please check applicable sections Permanent and Total status. Signature or				
Department of Veterans Assistance, 300	0 Technolog	y Drive, Suite 201, S	outh Charleston, WV 25	309.
I hereby certify that I am a resider the United States of America, ar service connected disability as d Administration.	nd that I no	ow receive veteran	s compensation based	l on total permanent
☐ I hereby certify that I am a former the United States and am a residen			•	•
☐ I hereby certify that I am a disabled any motor vehicle registration fees			•	• •
Vehicle Registrat	ion No			
I consent to have the pertinent information from understand that at such time as the VA determine resident of the State of West Virginia, I will surrow Resources within 10 days of such change in my	ines I no longe ender my vete	r meet eligibility require	ements as stated above, or a	that I am no longer a bona fide
I certify that the information contained in	this application	on is true and correc	t.	
This information required if requesting hunting	license			
		Signature	of Applicant	Date
Hunter Education Certification Card N Any person born on or after January 1, 197				
present proof of completion of a Hunter Educ Course prior to purchasing any hunting license.		Witness if Sig	ned by Mark X	Date
This is to certify that the above na compensation according to the records o honorably discharged from the U.S. militation.	med vetera of the Veterar		•	•
ELIGIBLE-NOT ELIGIB (Circle One)	LE	Signature,	WV Veterans Assistance	e Official Date
This is to certify that the above named vertile provided for in Chapter 17A-10-8, West Vertile 1990.		·	payment of any motor	vehicle registration fee as
ELIGIBLE - NOT ELIGIB	BLE			

Signature, Commissioner of Motor Vehicles

Date

(Circle One)



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://donatelife.net
- 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.

Print Name	Signature	Date
ino, not at this time. (checking this t	oox will not amend or revoke any prior o	existing donor registration)
□ No not at this time (abasking this k	any will not amond or roughs any prior	ovicting donor registration)
Yes, I choose to register as an organ	and tissue donor pursuant to West Virg	ginia Code §16-19-5 .