



APPLICATION Unified Adult Care Home Inland/Coastal Recreational Fishing License

There is no fee for this license which authorizes statewide fishing in all public waters including designated Public Mountain Trout Waters and trout waters on game lands. This license is valid only for use of an individual resident of the State who resides in an Adult Care Home as defined in G.S. 131D-2(a)(3) or G.S. 131E-101(4). This license is valid for the life of the individual so long as they remain a resident of this facility.

NAME _____
(First) (Middle) (Last)

RESIDENT ADDRESS: _____
Street City State Zip

MAILING ADDRESS: _____
(if different from above) Street or PO Box City State Zip

DATE OF BIRTH _____ WRC CUSTOMER # (if available) _____
Month Day Year

EMAIL ADDRESS: _____

FACILITY NAME _____ FACILITY TELEPHONE # (____) _____

FACILITY ADDRESS _____

Signature of Applicant _____ Date _____

CERTIFICATION MUST BE SIGNED BY FACILITY ADMINISTRATOR

I hereby certify that the information supplied above is correct and the applicant is a resident of the facility named above.

Date Administrator's Signature

Mail Application To:

N.C. Wildlife Resources Commission
License Section
1707 Mail Service Center
Raleigh, NC 27699-1707

Office Location: NCSU Centennial Campus, 1751 Varsity Drive, Raleigh, NC 27606

Telephone: 1-888-248-6834

Web Site: www.ncwildlife.org