

APPLICATION

Lifetime Hunting & Fishing License for Resident Volunteer Firefighters and Rescue/Emergency Medical Services Squads

This license shall be issued only to an individual resident of North Carolina who is a member of a volunteer fire department, rescue squad, or emergency medical services squad for five consecutive fiscal years including the prior fiscal year. **Certification verifying eligibility must be submitted with this application (see page 2).**

Licenses may now be purchased online at gooutdoorsnorthcarolina.com

Applicant Information: Apply online at <u>Gooutdoorsnorthcarolina.com</u> or mail the completed application, certification (see page 2), and fee to <u>NCWRC 1707 Mail Service Center Raleigh, NC 27699.</u>

Applicant's Name:	First	Middle	Last		Telephone # (_)	
Resident Address:	Street		City		State	Zip Code	
Mailing Address (if dif	ferent from abo	ve):					
		Street or PO Box	City		State	Zip Code	
Date of Birth:		_ NC Driver License #: _		Last 4 of SSN	#		
WRC Customer # (if av	ailable):	Ema	il Address:				
Incomplete application	ns and those re	eceived without proper ce	rtification documen	tation will be return	ed.		
☐ Resident Unified S	portsman/Coasta	al Recreational Fishing					\$358.00
☐ Resident Sportsman	1						\$265.00
☐ Resident Comprehe	ensive Hunting						\$132.50
☐ Resident Comprehe	ensive Inland Fi	shing					\$132.50
☐ Resident Coastal R	ecreational Fish	ing					\$132.50
☐ Resident Unified Inland/Coastal Recreational Fishing							\$238.50
For seasonal items suci gooutdoorsnorthcaro		anagement E-Stamp, HIP, o	or Federal Duck Stam	np, or for additional lit	Purchase Subtota Plus Transaction Purchase Total *Transaction fee man	ll \$_ Fee \$_ \$ _	5.00
COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A LICENSE WITH HUNTING PRIVILEGES.							
		may not purchase a hunting lide effective prior to July 1, 2013		hout having a Certificate	e of Competency for	completing a	a hunter
Check one of the following:							
☐ I had a North Carol	na hunting licens	e effective prior to July 1, 2013	3.				
☐ I have successfully	completed a hunt	er education course. Hunter E	Education Certificate Nu	ımber:	Sta	te:	
of age or older who	is properly licens	hunter education course and ed to hunt in North Carolina. hunter by remaining within sig	"Accompanied" is define	ed as maintaining a prox	kimity to the hunter,	which enable	-
I certify that all inform		on this application is true an	nd accurate and under	estand that providing f	alse information		

VOLUNTEER FIREFIGHTER AND RESCUE EMERGENCY MEDICAL SERVICES SQUAD LIFETIME LICENSE CERTIFICATION





Volunteer Firefighter:

To qualify an individual must appear as a volunteer on the certified roster of eligible firefighters submitted to the **North Carolina State Firefighters' Association** under G.S.58-86-25 for five consecutive fiscal years including the prior fiscal year. The state fiscal year runs from July 1st to June 30th. This certification must be completed and signed by the Chief of the volunteer firefighter's current station, or a designee granted authorization by the station chief.

Volunteer Rescue and Emergency Medical Services Personnel:

SECTION 1: Volunteer's Information:

Signature of Chief or designee

To qualify an individual must appear as a volunteer on the certified roster of eligible rescue or emergency medical services squad members submitted to the **North Carolina Association of Rescue and Emergency Medical Services, Inc** under G.S. 58-86-30 for five consecutive fiscal years including the prior fiscal year. The state fiscal year runs from July 1st to June 30th. This certification must be completed and signed by the Chief of the volunteer's current squad, or a designee granted authorization by the Chief.

Volunteer's Name:______ First Middle Last Address: State Zip Code Street City Date of Birth: Telephone: (_____)____ NCSFA or NCAREMS I.D.#:_____ Consecutive Years of Service: **SECTION 2:** To be completed by Chief or designee I certify, according to evidence of record, the above individual appears on the certified roster of eligible firefighters submitted to the North Carolina State Firefighters' Association, or the eligible rescue or emergency medical services squad members submitted to the North Carolina Association of Rescue and Emergency Medical Services, Inc as a volunteer for five consecutive fiscal years including the prior fiscal year, as required by G.S. 113-276 (o). I further understand that providing false information to obtain a license is a Class 1 misdemeanor (G.S. 113-276 (j)). **Station Name and Location** Name of Chief or designee (Typed or Printed) **Date:** _____

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