



# 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).**

**Applicant Information:** Complete and mail with payment to: NCWRC, License Section, 1707 Mail Service Center, Raleigh, NC 27699-1700.

Applicant's Name: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
First Middle Last

Resident Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address (if different from above): \_\_\_\_\_  
Street or PO Box City State Zip Code

Date of Birth: \_\_\_\_\_ NC Driver License #: \_\_\_\_\_ WRC Customer # (if available): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Incomplete applications and those received without proper certification documentation will be returned.**

- Resident Unified Sportsman/Coastal Recreational Fishing..... \$358.00
- Resident Sportsman..... \$265.00
- Resident Comprehensive Hunting..... \$132.50
- Resident Comprehensive Inland Fishing..... \$132.50
- Resident Coastal Recreational Fishing ..... \$132.50
- Resident Unified Inland/Coastal Recreational Fishing..... \$238.50

For seasonal items such as the Bear Management E-Stamp, HIP, or Federal Duck Stamp, or for additional lifetime license options, please contact our office 1-888-248-6834 for pricing.

**License Personalization – Not available for the senior lifetime licenses.**

Personalization (Additional \$5.00 Fee): Complete the following information if you wish to add a personalized message to this license. \$5

1) Indicate your personal message including letters, numbers, dashes, periods, commas and/or blanks up to 21 spaces: \_\_\_\_\_

2) In addition to the 21-digit message, you have the option to include a 6-digit personalization which is included with the \$5 fee and appears on the license separate from the above message. If interested, indicate your selection of letters, numbers, dashes, periods, commas and/or blanks up to 6 spaces: \_\_\_\_\_

Purchase Subtotal	\$ _____
Plus Transaction Fee	\$ <u>2.00</u>
<b>Purchase Total</b>	<b>\$ _____</b>

\*Transaction fee mandated by NCGS 113-270.1B

**COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A LICENSE WITH HUNTING PRIVILEGES.**

Unless otherwise indicated below, a person may not purchase a hunting license or hunt in NC without having a Certificate of Competency for completing a hunter education course or had a NC hunting license effective prior to July 1, 2013.

Check one of the following:

- I have had a North Carolina hunting license effective prior to July 1, 2013.
- I have successfully completed a hunter education course. Hunter Education Certificate Number: \_\_\_\_\_ State: \_\_\_\_\_
- I have **NOT** successfully completed a hunter education course and understand that until I do so, when hunting I must be accompanied by an adult 18 years of age or older who is properly licensed to hunt in North Carolina. "Accompanied" is defined as maintaining a proximity to the hunter, which enables the adult to monitor the activities of the hunter by remaining within sight and hearing distance at all times without the use of electronic devices.

I certify that all information provided on this application is true and accurate and understand that providing false information to obtain a license is a Class 1 misdemeanor. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Method of Payment:**  Check (made payable to NCWRC) Transactions are not considered final until the check has cleared the bank. Items purchased with a returned check will be made invalid. A service charge of up to \$25 will be charged on returned checks (G.S. 25-3-506).

VISA                       MasterCard                      Print name exactly as it appears on credit card: \_\_\_\_\_

Acct. # \_\_\_\_\_ Exp. \_\_\_\_\_ CCV # \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 1<sup>st</sup> to June 30<sup>th</sup>. 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:**

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 1<sup>st</sup> to June 30<sup>th</sup>. This certification must be completed and signed by the Chief of the volunteer's current squad, or a designee granted authorization by the Chief.

**SECTION 1: Volunteer's Information:**

Volunteer's Name: \_\_\_\_\_

First Middle Last

Address: \_\_\_\_\_

Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Chief or designee**