

**WEST VIRGINIA DIVISION OF NATURAL RESOURCES
324 FOURTH AVENUE
SOUTH CHARLESTON, WV 25303**

**Application for a Class DT special statewide hunting and fishing license
for persons with a life-threatening condition.**

Last Name		First Name	Middle Initial
Street or P.O. Box		City	State Zip

MEDICAL CERTIFICATE OF TERMINAL CONDITION OR ILLNESS

Medical certificate must be completed by a licensed physician.

Name of Patient (type or print)			
Physician (type or print)		Physician's License Number (required)	
Street or P.O. Box		City	State Zip
<i>I certify that this person has a terminal illness or condition that has a high probability of death within two years.</i>			
Physician's Signature _____		Date _____	

**NONRESIDENTS MUST COMPLETE THE FORM AND HAVE IT SUBMITTED
BY QUALIFYING NONPROFIT ORGANIZATIONS WHO OFFER HUNTING
AND FISHING EXPERIENCES.**

Mail completed form to address above for processing

- (1.) Applicants must be diagnosed by a licensed physician with a life threatening condition;
- (2.) He or she must be under twenty-one years of age;
- (3.) A Class DT license entitles the holder to hunt and fish in West Virginia;
- (4.) The licensee must be accompanied by a parent, guardian, or other competent adult who has written consent from the parent or guardian and be at least twenty-one years of age;
- (5.) The person assisting the licensee must hold a valid hunting or fishing license appropriate to the situation.