



APPLICATION FOR REDUCED FEE - HUNTING AND FISHING LICENSE FOR DISABLED INDIANA VETERANS

State Form 50833 (R4 / 05-2026)



Indiana Department of Natural Resources

Indiana Department of Natural Resources
 Customer Service Center
 402 West Washington Street, Rm W255C
 Indianapolis, IN 46204
 Telephone: 317-232-4200
 Fax: 317-232-8150
 Email: inhuntfish@dnr.IN.gov
 Website: on.IN.gov/DNR

INSTRUCTIONS:

1. Please type or print information legibly.
2. Provide all information requested. (Incomplete applications will be returned without processing.)
3. Please mail, email or fax the application and any attachments as listed below.
4. Please attach your Proof of Disability from the Department of Veterans Affairs, if possible.

NOTE: A Resident of Indiana must have a true, fixed and permanent home and primary residence in Indiana for sixty (60) consecutive days prior to purchasing a license, and not claim residency for hunting, trapping, or fishing in another state or country.

APPLICANT INFORMATION (must be an Indiana Resident)		
Name of Veteran (first, middle, last)	Date of Birth (mo., day, year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (number and street)	Height	Weight
City, State, and ZIP Code	Eye Color	Hair Color
County of Residence	Telephone Number	
Hunter Education Certificate Number	Social Security Number (last 4 only)	
Email Address		

AFFIRMATION and SIGNATURE	
Under the penalty of perjury (IC 35-44-2-1), I affirm that the information supplied by me is true and correct to the best of my knowledge.	
Veteran's Signature	Date (mo., day, year)

SEND COMPLETED APPLICATION TO:		
Be sure to include this application and Proof of Disability from the Department of Veterans Affairs (if possible).		
MAIL Indiana DNR - Customer Service Center 402 West Washington Street, Rm W255C Indianapolis, IN 46204	EMAIL inhuntfish@dnr.IN.gov	FAX 317-232-8150