



# APPLICATION FOR TENNESSEE RESIDENT LIFETIME SPORTSMAN LICENSE



WR-0760  
(Rev. 06/21)

## LICENSE REQUIREMENTS

Please print neatly and clearly with black or blue ink using all capital letters. Include check or money order (**NO CASH!**) made payable to TWRA.

Return to:

**TWRA Sales Office P.O. Box 41729 Nashville, TN 37204**

**Email to: lifetime.license@tn.gov; Fax to: 615-837-4262**

**For questions call: 615-532-0476**

**(Applications may not be submitted via telephone)**

### If Applicant Is Under Age 16

- Copy of applicant's birth certificate
- Parent or legal guardian must provide proof of residency

### Proof Of Residency issued at least 12 months prior (one of the following)

- Copy of state of Tennessee Driver's License or ID
- Voter's Registration Card

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| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Mid. Init. |  | Last Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Suffix (JR, III) |  |  |
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| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | State |  | ZIP |  |  |
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| Gender  |  | Date of Birth (mm-dd-yyyy)   |  |  |  |  |  |  |  |  |  | Email Address        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> M <input type="checkbox"/> F |  | <input type="text"/> - <input type="text"/> - <input type="text"/> |  |  |  |  |  |  |  |  |  | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Phone  |  |  |  |  | TWRA ID# (if applicable) |  |  |  |  | Hunter Ed Class Graduation Date (mm-dd-yyyy) (if applicable)       |  |  |  |  |
| <input type="text"/> - <input type="text"/> - <input type="text"/> |  |  |  |  | <input type="text"/>     |  |  |  |  | <input type="text"/> - <input type="text"/> - <input type="text"/> |  |  |  |  |

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| Social Security Number (Required)                                  |  |  |  |  |  |  |  |  |  |
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### COMPLETE ONLY IF APPLICANT IS 16 YEARS OF AGE OR OLDER

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| Weight               |  |  | Height               |  |  | Hair Color  |  |  |  |  | Eye Color   |  |  |  |  |
| <input type="text"/> |  |  | <input type="text"/> |  |  | <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Auburn <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Bald |  |  |  |  | <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Green |  |  |  |  |

### COMPLETE ONLY IF MAILING ADDRESS IS DIFFERENT FROM ABOVE

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| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Mid. Init. |  | Last Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Suffix (JR, III) |  |  |
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| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | State |  | ZIP |  |  |
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### FEE SCHEDULE:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>\$320.00</b> - Applicants under three (3) years of age (Effective July 1, 2021)                       | <input type="checkbox"/> <b>\$659.00</b> - Applicants three (3) years of age but less than seven (7) years of age     | <input type="checkbox"/> <b>\$1,976.00</b> - Applicants thirteen (13) years of age but less than fifty-one (51) years of age   |
| <input type="checkbox"/> <b>\$320.00</b> - Applicants under age 13 whom have been adopted three years within date of application. | <input type="checkbox"/> <b>\$988.00</b> - Applicants seven (7) years of age but less than thirteen (13) years of age | <input type="checkbox"/> <b>\$1,153.00</b> - Applicants fifty-one (51) years of age but less than sixty-five (65) years of age |
|   |   | <input type="checkbox"/> <b>\$329.00</b> - Applicants sixty-five (65) years of age or older                                    |

I certify, under penalty of law, by my signature that I am a resident of Tennessee and meet the 12-month residency requirement as defined below and all the information provided herein is correct. (If applicant is a minor, a parent or guardian must sign.)

**SIGNATURE OF APPLICANT OR DESIGNEE** \_\_\_\_\_

**DATE** \_\_\_\_\_

### PERSONAL MESSAGE AS DESIRED ON CERTIFICATE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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By signing above, I agree to pay the total amount according to the card issuer agreement.

Cardholder's Signature \_\_\_\_\_

### CREDIT CARD INFORMATION:

Expires (mm/yyyy)

Credit Card Account #

- VISA   
  Mastercard   
  Discover

|   |  |
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| <input type="text"/> - <input type="text"/> |  |
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