NCDVA-50 (Rev 9-18)

## NORTH CAROLINA DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

Roy Cooper
GOVERNOR

Larry D. Hall
SECRETARY

Martin D. Falls
ASSISTANT SECRETARY
FOR VETERANS AFFAIRS

# CERTIFICATION

**Lifetime Hunting and Fishing License for a**
**Fifty Percent or More Resident Disabled Veteran**

**SECTION 1:** **Veteran's Information:**

**Veteran's Name**:_____ _____ **Telephone**: **(_____)**_____
First Middle Last

**Address:**_____
Street City State Zip Code

**VA File No.**_____ **Veteran's Date of Birth** _____

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**SECTION 2:** **North Carolina Division of Veterans Affairs** (To be completed by NCDVA *Accredited* Veterans Service Officer/Veterans Service Technician)

**I certify, according to evidence of record, the above veteran is 50% or more disabled as determined by the U. S. Department of Veterans Affairs. (GS 113-270.1C[b] [4])**

_____ _____
**Name of Veterans Service Officer/Technician (Typed or Printed)** **VSC/County Location**

_____ _____
**Date** **Signature of NCDVA Accredited Representative**