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).**

*****Licenses may now be purchased online at gooutdoorsnorthcarolina.com*****

Applicant Information: Apply online at **Gooutdoorsnorthcarolina.com** or mail the completed application, certification (see page 2), and fee to **NCWRC 1707 Mail Service Center Raleigh, NC 27699.**

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 #: _____ Last 4 of SSN#_____

WRC Customer # (if available):_____Email Address: _____

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

☐ Resident Unified Sportsman/Coastal Recreational Fishing..... $425.50

☐ Resident Sportsman..... $315.00

☐ Resident Comprehensive Hunting..... $157.50

☐ Resident Comprehensive Inland Fishing..... $157.50

☐ Resident Coastal Recreational Fishing $157.50

☐ Resident Unified Inland/Coastal Recreational Fishing..... $283.50

For seasonal items such as the Bear Management E-Stamp, HIP, or Federal Duck Stamp, or for additional lifetime license options, please visit **gooutdoorsnorthcarolina.com.**

Purchase Subtotal $_____
Plus Transaction Fee $ 5.00
Purchase Total **$_____**
*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 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:_____

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 1st to June 30th. 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 1st to June 30th. 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