



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

First Name															Mid. Init.		Last Name															Suffix (JR, III)		

Address																																		

City																				State		ZIP		

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"/>														

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"/>				

Social Security Number (Required)									
<input type="text"/> - <input type="text"/> - <input type="text"/>									

COMPLETE ONLY IF APPLICANT IS 16 YEARS OF AGE OR OLDER

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

First Name															Mid. Init.		Last Name															Suffix (JR, III)		

Address																																		

City																				State		ZIP		

FEE SCHEDULE:

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

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

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