



APPLICATION FOR TENNESSEE RESIDENT LIFETIME SPORTSMAN LICENSE



Please print neatly and clearly with black or blue ink using all capital letters. Include check or money order made payable to TWRA. If paying by credit card, please provide a telephone number so that we may call for payment information.

Return to:
TWRA Sales Office, P.O. Box 41729, Nashville, TN 37204-1729
Phone: 1-615-532-0476 • Fax: 615-837-4262
E-mail: lifetime.license@tn.gov

WR-0760
(Rev. 12/17)

LIFETIME APPLICANT INFORMATION

Lifetime applicants under age 16 must include a copy of their birth certificate.

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

Address																										

City																		State			ZIP					
																					-					

Gender		Date of Birth (mm-dd-yyyy)						Email Address																	
M F		- -																							

Phone						TWRA ID#						Hunter Education Class Graduation Date (mm-dd-yyyy)														
- -												- -														

COMPLETE ONLY IF APPLICANT IS 16 YEARS OF AGE OR OLDER

Weight			Height			Hair Color						Eye Color																					
						Brown		Black		Blonde		Auburn		Red		Gray		White		Bald		Blue		Brown		Hazel		Black		Gray		Green	

COMPLETE ONLY IF MAILING ADDRESS IS DIFFERENT FROM ABOVE

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

Address																										

City																		State			ZIP					
																					-					

CHECK THE APPROPRIATE FEE CATEGORY:

- \$200.00** - Applicants under three (3) years of age
- \$988.00** - Applicants seven (7) years of age but less than thirteen (13) years of age
- \$1,153.00** - Applicants fifty-one (51) years of age but less than sixty-five (65) years of age
- \$659.00** - Applicants three (3) years of age but less than seven (7) years of age
- \$1,976.00** - Applicants thirteen (13) years of age but less than fifty-one (51) years of age
- \$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 _____

DATE _____

PERSONAL MESSAGE AS DESIRED ON CERTIFICATE

LICENSE REQUIREMENTS

Proof of Residency (one of the following)

- Copy of Tennessee Driver's License (must show 12 months of residency)
- Voter's Registration Card
- Tennessee Safety Identification Card

If Applicant Is Under Age 16

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

APPLICANT'S SOCIAL SECURITY NUMBER (Required)

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PLEASE DO NOT SEND CASH!