



**OREGON DEPARTMENT OF FISH & WILDLIFE**  
**4034 FAIRVIEW INDUSTRIAL DR. SE**  
**SALEM, OR. 97302**  
**LICENSE INFO: (503) 947-6101**  
**FAX: (503) 947-6117**

<b>FOR OFFICE USE ONLY</b>	
Date _____	Initials _____

### APPLICATION FOR RESIDENT PIONEER LICENSE

Oregon Revised Statutes require that you be an Oregon resident for at least six (6) months immediately prior to applying for this license, will be 65 years of age or older this year, and that you have resided in Oregon for not less than 50 years prior to the date of application.

**I came to Oregon in \_\_\_\_\_**  
**(month and year)**

**PLEASE PRINT**

**Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(required)**

**First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  **Male**  **Female**

**Street Address** \_\_\_\_\_

**Mailing Address (if different)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**ODFW Number (if known)** \_\_\_\_\_

Are you a convicted felon who is prohibited from possessing a firearm under the laws of Oregon or the United States or a person who has been found guilty except for insanity of a felony and who is prohibited from possessing a firearm under the laws of Oregon or the United States  **Yes**  **No**

I hereby certify that I have resided in Oregon six months immediately prior to making this application. Further, I certify that I will be 65 this year and I have lived in the state of Oregon for at least 50 years and do hereby attest and declare that the above is true and that I can provide evidence to support this information upon request.

**SIGNATURE** \_\_\_\_\_

**This license includes the Columbia Basin Endorsement.**