



Resident Lifetime Fishing License for the Blind Application

fwp.mt.gov

SECTION 1 - MANDATORY INFORMATION

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Date of Birth ____ / ____ / ____ MM DD YYYY					
Name First MI Last			Jr. Sr.	Home Phone	Work Phone
Mailing Address (Your application cannot be processed if you list only a PO Box Number)				Physical Address	
City			State	Zip Code	<input type="checkbox"/> Yes FWP receives requests for mailing lists. Do you want your <input type="checkbox"/> No name included on lists provided by FWP to requestors? (see below)
<input type="checkbox"/> Female	Weight	Height	Eyes	Hair	
<input type="checkbox"/> Male					

A photocopy of your valid Montana Identification Card must be attached.

Yes, I have attached the mandatory photocopy of my Montana Identification Card.

I hereby declare that I have been a legal resident of the State of Montana for a period of at least 180 consecutive days (six months) immediately prior to making application for this license.

_____ **Years** _____ **Months of Montana residency (This information is REQUIRED.)**

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-6-302, 303, and 304.

X _____
 SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print _____ Date _____
 (Faxed or photocopied signature not acceptable.)

Section 2 — This section must be completed by a licensed physician (Ophthalmologist or Optometrist)

I hereby certify that the above named person is blind as defined by state law, Section 53-7-301, which reads:(a) "Blind individual" means a visual disability in which:

- (i) a person's central visual acuity does not exceed 20/200 in the better eye with correcting lenses; or
- (ii) a person's visual field at the widest diameter subtends an angle no greater than 20 degrees.

(b) the term includes any visual disability that, in the determination of Dept. of Public Health & Human Services, renders vision seriously defective or causes blindness.

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify the applicant listed is eligible for a **Resident Lifetime Fishing License for the Blind**. MCA 87-2-803 (6)

 Physician's Signature PRINT — Physician's Name

 Physician's License # PRINT — Physician's Address

Resident Lifetime Fishing License **One-time** **\$10**

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701

Enclosed is my \$10.00 payment in the form of a:
 Personal Check – Cashier's Check – Money Order
 Please make payable to MT FWP

Number _____ Amount \$ _____