



2024 MONTANA COMBAT DISABLED

MCA 87-2-817

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSING BUREAU - COMBAT
1420 E 6th AVE
PO BOX 200701
HELENA, MT 59620-0701

MUST INCLUDE A COPY OF YOUR SERVICE-CONNECTED DISABILITY LETTER ISSUED BY THE U.S. DEPARTMENT OF VETERAN AFFAIRS.

SECTION 1- MANDATORY INFORMATION Please Print Clearly

DATE OF BIRTH	MM	DD	YYYY	ALS	DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is a 1 to 3 digit number that follows your date of birth. If you do not have an ALS number you will be assigned a lifetime ALS number the first time you apply for a hunting or fishing license.		
NAME					()	()	
FIRST MI LAST				JR., SR., ETC.	HOME PHONE		WORK PHONE
MAILING ADDRESS					CITY	STATE	ZIP CODE
PHYSICAL ADDRESS <small>If your mailing address is a PO Box</small>					CITY	STATE	ZIP CODE

EMAIL ADDRESS – You must provide a valid email address to receive your license information. You will not be contacted in any other format.

<input type="checkbox"/> Female	Feet Inches		BLACK	GRAY	BALD	BROWN	<input type="checkbox"/> USA
<input type="checkbox"/> Male	HEIGHT	WEIGHT	BLUE	GREEN	BLACK	GRAY	<input type="checkbox"/> OTHER
			BROWN	HAZEL	BLOND	RED	(Please list Country)
			Eye Color (Circle One)		Hair Color (Circle One)		COUNTRY
Last 4 digits of SOCIAL SECURITY #						HUNTER EDUCATION REQUIREMENT Any hunter who is born after January 1, 1985 must submit with all hunting license applications a copy of their certificate verifying that he/she has completed a course in hunter education from any state or province. MCA 87-2-105	
X						DEPARTMENT USE ONLY	
ORIGINAL SIGNATURE OF APPLICANT REQUIRED Do not print. (Faxed or photocopied signature not acceptable) All statements on this form are true & correct. I understand that if I subscribe to any false statement in this application I am in violation of MCA 87-6-302				FWP receives requests for mailing lists. Do you want your name included on lists provided to requestors? <input type="checkbox"/> YES <input type="checkbox"/> NO			
				NOTE: Even if you choose NO, under state law FWP is required to allow those who wish to compile their own mailing list access to department records, including name, address, gender, residency, and whether you were successful.			

RESIDENT AND NONRESIDENT CONSERVATION AND BASE HUNTING FEE REQUIREMENTS

The 2015 legislature passed HB 140 that states, to be eligible to apply for a hunting license or permit, a person must first to obtain a base hunting license as a prerequisite. A resident base hunting license can be purchased for a fee of \$10, and nonresidents \$15, of which \$2 (resident) & \$10 (nonresident) is allocated for Hunting Access Enhancement Fee (HAEF). You must also purchase a Conservation License prior to applying to purchase any hunting, fishing, or trapping license. MCA 87-2-201

- \$8.00 for a 2024 **resident** conservation license as a **prerequisite**.
- \$10.00 for a 2024 **resident** base hunting license as a **prerequisite**.
- \$10.00 for a 2024 **nonresident** conservation license as a **prerequisite**.
- \$15.00 for a 2024 **nonresident** base hunting license as a **prerequisite**.

NONRESIDENTS USE THIS SECTION

DEER A LICENSE please check box if applying

DEER B -

DISTRICT CHOICE: ANTELOPE -

DISTRICT CHOICE: DISTRICT NUMBER:

FEES:	NONRESIDENT ANTELOPE	\$100.00
	NONRESIDENT GENERAL DEER	\$125.00
	NONRESIDENT DEER B	\$37.50
	2024 CONSERVATION LICENSE	\$10.00
	2024 BASE HUNTING FEE	\$15.00

M.O. or CASHIER'S CHECK # _____

Total amount of this application: \$ _____

Make Money Order or Cashiers Check to: **Montana Fish, Wildlife & Parks**

NO PERSONAL OR COMPANY CHECKS ACCEPTED

RESIDENTS USE THIS SECTION

DEER A LICENSE please check box if applying

DEER B -

DISTRICT CHOICE: ANTELOPE -

DISTRICT CHOICE: DISTRICT NUMBER:

FEES:	RESIDENT ANTELOPE	\$7.00
	RESIDENT GENERAL DEER	\$8.00
	RESIDENT DEER B	\$5.00
	2024 CONSERVATION LICENSE	\$8.00
	2024 BASE HUNTING LICENSE	\$10.00

CHECK # _____

Total amount of this application: \$ _____

Make Payment to: **Montana Fish, Wildlife & Parks**

REV 01/2024

Applicant's Name: _____

Date of Birth _____

Combat Disabled licenses are available to individuals who are a veteran or a disabled member of the armed forces who meet the qualifications of a condition that is medically determined to be permanent, substantial, and resulting in significant impairment of the person's functional ability as a result of a combat-connected injury. You must include a copy of your SERVICE-CONNECTED DISABILITY LETTER ISSUED BY THE U.S. DEPARTMENT OF VETERAN AFFAIRS.

Section 2 — When applying for this license the first time, you must provide the certification shown below. It must be completed by one of the following licensed Health Care Providers Licensed in the State of Montana:

Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or Chiropractor (DC).

Once your certifications is entered into our system, you will be designated as permanently disabled and eligible for this program for subsequent applications.

Health Care Provider MUST check one or more of the following PERMANENT eligibility criteria:

Patient Name _____

- Non-ambulatory** is defined as being permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.
- Substantially Impaired Mobility** is defined as being virtually unable to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances, or similar compensatory appliances or devices.
- Documented Genetic Condition** is defined as having a diagnosis derived from genetic testing and confirmed by a licensed physician. Licensed physician means a person who holds a degree as a doctor of medicine or doctor of osteopathy and who has a valid license to practice medicine or osteopathic medicine in this state. **If this box is checked, only an MD or DO signature will be accepted below.**

PRINT — Health Care Provider Name

Health Care Provider — Office Phone Number

PRINT — Health Care Provider Address

License # of Health Care Provider

Health Care Provider Signature

Date

MANDATORY