



2024 MONTANA EMERGENCY REFUND APPLICATION

RETURN TO:
Montana Fish, Wildlife and Parks
LICENSING BUREAU
ATTN: REFUNDS
BOX 200701
HELENA MT 59620-0701

DATE OF BIRTH ALS#

PRINT NAME:

License being sent in for refund (please check appropriate box)

PERCENT/REASON
REFUNDED
WITHHELD
Department use only

- | | |
|--|---|
| <input type="checkbox"/> General _____ Combination | <input type="checkbox"/> Montana Native _____ Combination |
| <input type="checkbox"/> Come Home to Hunt _____ Combination | <input type="checkbox"/> Youth _____ Combination |
| <input type="checkbox"/> Landowner Sponsor Deer Combination | <input type="checkbox"/> Other _____ |

Reason for requesting refund (please check appropriate box)

Death – Attach Copy of Death certificate

Medical Emergency of Licensee – Page 2 must be signed by a DO, MD, PA or APRN.

Medical Emergency of Immediate Family Member - Page 2 must be signed by a

DO, MD, PA or APRN. Please list the family members relationship to you: _____
(Only Spouse, Child , Parent qualify)

I certify that I did not hunt or fish under the authority of this license, and that all statements on this form are true and correct. I understand that, dependent upon circumstance and date, I may not receive a full refund.

Signed _____

Date _____

Please remember to include:

- * Original license (If you selected tags to be mailed to you or print at home)
- * This signed refund form
- * All required supporting documentation (i.e. copy of death certificate, physicians signature and required information on pg 2 if applying for a medical refund, etc.)
- * If applying for a medical refund due to a family members medical emergency, please list the relationship of the family member.

Please check the box that pertains to you:

I selected E-Tags through the new app.

I selected to have my tags mailed to me or printed them myself. **TAGS MUST BE ATTACHED.****

Your entire original license must accompany this refund request.

REASON	DEADLINE (POSTMARK DATE)	%OF REFUND
1. Death of licensee	Dec. 01, 2024	100%
2. Death of immediate family member of Licensee	Dec. 01, 2024	90%
3. Medical emergency of licensee or immediate family member.	Dec. 01, 2024	90%

1. The appropriate documentation (signed medical document on pg 2 , copy of death certificate,etc.) must accompany the UNUSED license. **A request for a medical refund must include the required information on page 2 - signed by a licensed physician (MD, DO, PA or APRN ONLY).**
2. **Preference points and bonus points will not be reinstated or refunded.**
3. **Conservation license, base hunting license, and aquatic invasive species prevention passes are non-refundable.**
4. **WE WILL NOT ACCEPT ANY REFUND APPLICATIONS POST MARKED AFTER DEC 1st 2024**

****IF APPLYING FOR A MEDICAL REFUND-***

The next section must be completed by a licensed Health Care Provider; Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Advanced Practiced Registered Nurse (APRN), PHYSICIAN ASSISTANT (PA)

Health Care Provider **MUST** fill in all the required information below or your refund will be denied.

Patient Name _____

PRINT- Health Care Providers Name

Health Care Provider- Office Phone Number

PRINT- Health Care Providers Address

License # of Health Care Provider

Health Care Provider Signature

Date