THE OUTSIDE IS IN US ALL.



RESIDENT LIFETIME FISHING LICENSE FOR THE BLIND APPLICATION

MCA 87-2-803(6)

RETURN TO: RETURN TO: FWP INFORMATION CENTER - PO BOX 200701 HELENA MT 59620 - 0701

PART A: REQUIRED INFORMATION

MONTANA FWP

Date of Birth	//	_/						
Name First	MI	Las	Last		Home Phone	Wo	Work Phone	
(Your application cannot be processed if you list only a PO Box Number) Mailing Address				Physical Address				
City		State	Zip Code	□ Female □ _{Male}	e Weight	Height	Eyes	Hair
A photocopy o	f your valid Mo	ontana Identific	ation Card	l must be	attached.			
Ŋ	es, I have attac	hed the manda	tory photo	copy of n	ny Montana Ide	entification	Card.	
I hereby	declare that I h	ave been a legal	resident c	of the State	e of Montana fo	or a period	of at least	
180 con:	secutive days (si	x months) imme	diately pri	or to mak	ing application f	for this licer	nse.	
	Years	Months o	of Montana	a residenc	y (This informat	tion is REQL	JIRED.)	
PART B: This se I hereby certify tha individual" means a. A person's c b. A person's v i. the te	JRE OF APPLICANT (Faxed or photod ection must be at the above nam a visual disability entral visual acui sual field at the v erm includes any	ed person is blind	re Required- ot acceptable y a license d as defined ed 20/200 ir ubtends an nat, in the d	-Do Not Pr e.) d by state I a the better angle no g eterminati	int Sian (Ophthalr aw, Section 53-7 r eye with correct greater than 20 c	D mologist o 7-301, which ting lenses; degrees.	n reads:(a) or	"Blind
ii.	understand the	eligibility criteria Resident Lifetime	listed abov	ve. Based			applicant li	isted is
Physician's Sign	ature			PRINT -	- Physician' Nam	ies		
Physician's Lice	nse #			PRINT -	Physician's Add	ress		
Resident Lifet	ime Fishing Li	cense			One-	time	\$10	
				Enclosed is my \$10.00 payment in the form of a: Personal Check – Cashier's Check – Money Order Please make payable to MT FWP mberAmount \$				

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