



# 2025 APPLICATION FOR A MONTANA RESIDENT WITH DISABILITY CONSERVATION LICENSE

## MCA 87-2-803

RETURN TO: Montana Fish, Wildlife & Parks ATTN: Information Center 1420 East 6th Avenue  
Helena, MT 59620-0701

### PART A: REQUIRED INFORMATION

Date of Birth <u>    </u> / <u>    </u> / <u>    </u> ALS # <u>    </u>					
Name First		MI	Last		Jr. Sr.
Home Phone			Work Phone		
Mailing Address <small>(Your application cannot be processed if you list only a PO Box Number)</small>				Physical Address	
City		State	Zip Code	City	
State		Zip Code		State	
Zip Code		City			
Female	Weight	Height	Eyes	Hair	Last 4 Digits of your Social Security #:
Male					

**A photocopy of your valid Montana Identification Card or Montana Driver's License 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** \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print  
*(Faxed or photocopied signature not acceptable.)*

**PART B: This section must be completed by a medical provider licensed in Montana (MD, DO, DC, PA-C or APRN).**

To qualify for a Montana Resident With a Disability Conservation License" the applicant must be a legal resident of Montana and be certified as having a **PERMANENT LIFETIME DISABILITY as defined below** by a MD, DO, DC, PA-C, or APRN licensed to practice in Montana

**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.**

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify the applicant listed above is eligible for a MT Resident With a Disability Conservation License.

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SIGNATURE OF - MD, DO, DC, PA-C, or APRN

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LICENSE NUMBER OF - MD, DO , DC, PA-C, or APRN

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PRINTED NAME OF — MD, DO, DC, PA-C, or APRN Name

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PRINTED ADDRESS OF — MD, DO, DC, PA-C, or APRN