



2024 Application for a Montana Resident with Disability Conservation License

updated 01/24

MCA 87-2-803

Section 1 - Must be completed by the applicant

Date of Birth ____/____/____ ALS # ____					
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	Yes FWP receives requests for mailing lists. Do you want your No name included on lists provided by FWP to requestors? (see below)
Female Male	Weight	Height	Eyes	Hair	Last 4 Digits of your Social Security #:

M
A
N
D
A
T
O
R
Y

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 _____
 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 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.

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

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

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

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

Return completed application to:

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

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.

- Once you are certified through Montana Fish, Wildlife & Parks (FWP) ALS system, your Montana Resident With a Disability Conservation License may be purchased at any FWP office or FWP license provider.
- EACH YEAR a person must obtain a conservation license to be authorized to fish, purchase any hunting license(s) or apply for special drawings.
- Please call 406-444-2950 with any questions or visit our website at fwp.mt.gov