



2024 MONTANA EXCEPTIONAL YOUTH BIG GAME COMBINATION OR ANTELOPE LICENSE APPLICATION

MCA 87-2-805

Exceptional Youth Big Game Combination License:

FREE - Includes General Elk, General Deer, Upland Game Bird, Fishing, Base, & Conservation License

Exceptional Youth Antelope Either Sex License:

FREE - Includes Either Sex Antelope License, Base, & Conservation License

This application is for the Exceptional Youth Big Game Combination or Exceptional Youth Antelope License. To qualify for this free one-time license, the youth must be **UNDER 18 YEARS OF AGE** at time of application and been diagnosed with a life-threatening illness. To use this license, the youth must be in the company of an adult in possession of a valid Montana hunting license or of a licensed Montana Outfitter. Hunter's education requirements have been waived for this license. **MCA 87-2-805(4)**

MANDATORY INFORMATION Please Print Clearly

DATE OF BIRTH							DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is your date of birth followed by a 1 to 3 digit number. If you have not applied for or purchased a Montana license you will not have an ALS#. You will be issued an ALS# after your application is processed.				
MM	DD	YYYY		ALS	NAME			()	()		
FIRST	MI	LAST	JR., SR., ETC.	HOME PHONE		WORK PHONE					
MAILING ADDRESS					CITY		STATE	ZIP CODE			
PHYSICAL ADDRESS <small>IF YOU HAVE A PO BOX</small>					CITY		STATE	ZIP CODE			
<input type="checkbox"/> Female	Feet Inches HEIGHT		WEIGHT		BLACK	GRAY	BALD	BROWN	<input type="checkbox"/> USA	OTHER (Please list Country)	
<input type="checkbox"/> Male					BLUE	GREEN	BLACK	GRAY	<input type="checkbox"/>		
						BROWN	HAZEL	BLOND	RED		
Last 4 digits of SOCIAL SECURITY #							Eye Color (Circle One)		Hair Color (Circle One)		COUNTRY
					Last 4 digits of SOCIAL SECURITY #					DEPARTMENT USE ONLY	
X SIGNATURE OF APPLICANT REQUIRED I am the applicant or have their permission to submit this on their behalf. 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.						

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSING BUREAU - EXCEPTIONAL YOUTH
1420 EAST 6TH AVENUE
PO BOX 200701
HELENA MT 59620 - 0701

YOUTH'S NAME _____

YOUTH'S DATE OF BIRTH _____

TO BE COMPLETED AND CERTIFIED BY A LICENSED PHYSICIAN (M.D.)

I hereby certify that the above listed youth is eligible to apply for this exceptional youth license because of a life-threatening illness. "Life-threatening illness" means any progressive, degenerative, or malignant disease or condition that results in a significant threat, likelihood, or certainty that the child's life expectancy will not extend past the child's 19th birthday unless the course of the disease is interrupted or abated.

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief.

Physician's Signature (Do Not Print)

Physician's Name (Please Print) Date

Physician's License Number

Physician's Address

Physician's Phone Number