2024 MONTANA TERMINAL ADULT

ANTELOPE LICENSE APPLICATION

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

Terminal Adult Antelope Either Sex License

Includes one either-sex Antelope License, Conservation License, & Base Hunting License

To qualify for this one-time license, the adult must be **OVER 18 YEARS OF AGE** and been diagnosed with a life-threatening illness.

MCA 87-2-706

MANDATORY INFORMATION - Please Print Clearly

DATE OF BIRTH	MM	DD	YYYY	—	ALS	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 do not have an ALS number, the first time you apply for a license through ALS, you will be assigned a lifetime ALS number issued by the system.

NAME FIRST MI LAST	JR., SR., ETC.	( ) HOME PHONE	( ) WORK PHONE
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS SAME AS MAILING ☐	CITY	STATE	ZIP CODE

☐ Female ☐ Male	Feet Inches HEIGHT	WEIGHT	**Eye Color** (Circle One): BLACK, BLUE, BROWN, GRAY, GREEN, HAZEL	**Hair Color** (Circle One): BALD, BLACK, BLOND, BROWN, GRAY, RED	☐ USA ☐ OTHER (Please list Country) COUNTRY

Last 4 digits of SOCIAL SECURITY #	**HUNTER EDUCATION REQUIREMENT** Any hunter who is born after January 1, 1985 must submit with all hunting license applications a copy of their certificate verifying that he/she has completed a course in hunter education from any state or province. MCA 87-2-105	**DEPARTMENT USE ONLY or EMAIL ADDRESS REQUIRED**

X _____

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 statements on 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? ☐ YES ☐ 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.

NONRESIDENTS USE THIS SECTION

DISTRICT NUMBER

ANTELOPE ____ — ____

DISTRICT CHOICE:

FEE:	NONRESIDENT ANTELOPE	$200.00
	2024 CONSERVATION	$10.00
	2024 BASE HUNTING LICENSE	$15.00

Make Money Order or Cashier's Check to:

Montana Fish, Wildlife & Parks

NO PERSONAL OR COMPANY CHECKS ACCEPTED

MO or CASHIER'S CHECK #_____

Total amount of this application: $_____

RESIDENTS USE THIS SECTION

DISTRICT NUMBER

ANTELOPE ____ — ____

DISTRICT CHOICE:

FEE:	RESIDENT ANTELOPE	$19.00
	RESIDENT CONSERVATION	$8.00
	RESIDENT BASE HUNTING	$10.00

Make Money Order, Cashier's Check, or Checks to:

Montana Fish, Wildlife & Parks

CHECK #_____

Total amount of this application: $_____

APPLICANT'S NAME _____

APPLICANT'S DATE OF BIRTH _____

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

I hereby certify that the above listed applicant is eligible to apply for this exceptional 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 person's life expectancy will not extend more than 1 year from the date of the request for the license unless the cause 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	