



2024 MONTANA PERMIT IN LIEU OF LICENSE

MCA 87-2-802

To qualify for this fishing license you must be either a veteran in a VA hospital, a resident of a state institution and/or long-term care facility, nursing care facility, assisted living facility, or community home for persons with disabilities.

You must be supervised while fishing by the VA, state institution, nursing care facilities, assisted living facility or community home if you are approved for this permit.

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 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.					
NAME					FIRST		MI	LAST		JR., SR., ETC.	() HOME PHONE	() WORK PHONE
MAILING ADDRESS										CITY	STATE	ZIP CODE
PHYSICAL ADDRESS IF YOU HAVE A PO BOX										CITY	STATE	ZIP CODE
<input type="checkbox"/> Female	Feet Inches HEIGHT		WEIGHT		BLACK	GRAY	BALD	BROWN	<input type="checkbox"/> USA	COUNTRY _____		
<input type="checkbox"/> Male					BLUE	GREEN	BLACK	GRAY	<input type="checkbox"/> OTHER (Please list Country)			
				BROWN	HAZEL	BLOND	RED					
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 ADULT
FISHING LICENSE
1420 EAST 6TH AVENUE
PO BOX 200701
HELENA MT 59620 - 0701



THIS PORTION OF THE APPLICATION MUST BE COMPLETED BY THE MANAGER or DIRECTOR OF THE INSTITUTION or the SUPERINTENDENT (if a resident of a VA hospital) .

I hereby certify that the above listed adult is eligible to apply for this permit because they reside in in a VA hospital, a state institution and/or long-term care facility, nursing care facility, assisted living facility, or community home for persons with disabilities.

Signature of Manger, Director or Superintendent of Institution (Do Not Print)

Name of Manager, Director or Superintendent of Institution (Please Print) Date

Institution's Phone Number

Address of the Institution