



# 2014 MONTANA NONRESIDENT YOUTH COMBINATION LICENSE APPLICATION

RETURN TO:  
**MONTANA FISH, WILDLIFE & PARKS  
LICENSE SECTION - YOUTH COMBO**  
1420 E 6th AVE  
PO BOX 200701  
HELENA, MT 59620-0701

FWP 2014 FORM/MAR2014

http://fwp.mt.gov

Photo copies accepted

## PART A: Mandatory To Be Completed By The Youth Applicant - No Quota

This application is for those who want to apply for a Nonresident Youth Combination license for 2014. Applicant must be under 18 years old at the time of application. Applicant must be at least 12 years old by January 16, 2015. Applicant must be sponsored by an immediate family member (applicant's natural or adoptive parent, grandparent, brother or sister who is 18 years of age or older). The adult sponsor must currently hold a 2014 Montana Resident General Deer or General Elk license or a 2014 Nonresident Big Game, Deer or Elk Combination or Nonresident Native license. **The sponsor must accompany the youth while hunting.**

<b>DATE OF BIRTH</b>	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.			
<b>NAME</b>					JR., SR., ETC.	( )	( )		
FIRST MI LAST					HOME PHONE		WORK PHONE		
<b>MAILING ADDRESS</b>					CITY	STATE	ZIP CODE		
<b>PHYSICAL ADDRESS</b>					CITY	STATE	ZIP CODE		
SAME AS MAILING <input type="checkbox"/>					Eye Color (Circle One)		COUNTRY		
<input type="checkbox"/> Female	Feet Inches HEIGHT		WEIGHT		BALD BROWN BLACK GRAY BLOND RED	BLACK GRAY BLUE GREEN BROWN HAZEL	<input type="checkbox"/> USA <input type="checkbox"/> OTHER (Please list Country)		
<input type="checkbox"/> Male					Hair Color (Circle One)				
Last 4 digits of SOCIAL SECURITY #		OCCUPATION		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.			DEPARTMENT USE ONLY		
<b>X</b>					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				
ORIGINAL SIGNATURE OF APPLICANT REQUIRED Do not print. (Faxed or photocopied signature not acceptable) 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					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.				

## PART B: Mandatory To Be Completed By The Adult Sponsor

<b>DATE OF BIRTH</b>	MM	DD	YYYY	—	ALS#	DATE OF BIRTH AND ALS# IS MANDATORY FOR ALL SPONSORS			
<b>NAME</b>					JR., SR., ETC.	( )	( )		
FIRST MI LAST					HOME PHONE		WORK PHONE		
<b>MAILING ADDRESS</b>					CITY	STATE	ZIP CODE		
<input type="checkbox"/> USA <input type="checkbox"/> OTHER (Please list Country)		* I certify that I am an immediate family member of the youth applicant, as checked to the right. * I am over 18 years old and I will accompany the youth applicant while hunting. * I hold a 2014 Resident hunting license or a 2014 Nonresident combination or a Nonresident 2014 Native license.			<b>RELATIONSHIP TO YOUTH APPLICANT</b> <input type="checkbox"/> PARENT (natural or adoptive) <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING (18 Years or Older)				
COUNTRY									
<b>X</b>					ORIGINAL SIGNATURE OF SPONSOR REQUIRED Do not print. (Faxed or photocopied signature not acceptable) 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				

HUNTERS AGAINST HUNGER DONATION The donations will fund a program that processes donated wild game and distribute the meat to those in need.  YES  NO If yes, in the amount of \$ \_\_\_\_\_

Paid by: Money Order, Cashier's Check, or  
International Draft on US Bank

**MAKE PAYABLE TO: Montana Fish, Wildlife & Parks**

**NO PERSONAL OR COMPANY CHECKS ACCEPTED**

M. O. / CASHIER'S CK # \_\_\_\_\_

APPLICATION TOTAL \$ \$ 490.50