Montana Fish, Wildlife & Parks
http://fwp.mt.gov

2016 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
Photo copies accepted

FWP 2016 FORM/MAR2016

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

Purchased at a FWP office OR by mail, to the address listed above.

This application is for those who want to apply for a Nonresident Youth Combination license for 2016. Applicant must be under 18 years old at the time of the processing of the application. Applicant must be at least 12 years old by January 16, 2017. 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 2016 Montana Resident General Deer or General Elk license or 2016 Nonresident Native or 2016 Cooperator license or Holds a 2016 Nonresident Big Game, Deer or Elk Combination. The sponsor must accompany the youth while hunting.

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 (SAME AS MAILING ☐)	CITY	STATE	ZIP CODE

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

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

X _____

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

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.

PART B: Mandatory To Be Completed By The Adult Sponsor

DATE OF BIRTH	MM	DD	YYYY	—	ALS#	DATE OF BIRTH AND ALS# IS MANDATORY FOR ALL SPONSORS

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

☐ USA ☐ OTHER (Please list Country) COUNTRY	1. I certify that I am an immediate family member of the youth applicant. (as checked to the right) 2. I am over 18 years old and I will accompany the youth applicant while hunting. 3. I hold a 2016 resident General Deer or Elk License or applying for a 2016 Nonresident Combination or hold a 2016 Nonresident Native or 2016 Cooperator License.	RELATIONSHIP TO YOUTH APPLICANT ☐ PARENT (natural or adoptive) ☐ GRANDPARENT ☐ SIBLING (18 Years or Older)

X _____

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 distributes the meat to those in need. ☐ YES ☐ NO If yes, in the amount of $_____

NO PERSONAL OR COMPANY CHECKS

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

MAKE PAYABLE TO: Montana Fish, Wildlife & Parks

M. O. / CASHIER'S CK # _____

APPLICATION TOTAL $ 505.50