



MONTANA FISH, WILDLIFE & PARKS

fwp.mt.gov

2020 Resident with a Disability Conservation License Application

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Section 1 — Must be completed by the applicant

Date of Birth _____ / _____ / _____ ALS# _____
MM DD YYYY

Last 4 Digits of your Social Security Number _____

Name	First	MI	Last	Jr. Sr.	Home Phone	Work Phone
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Mailing Address (Your application cannot be processed if you list only a PO Box Number)	Physical Address
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City	State	Zip Code	<input type="checkbox"/> Yes (FWP receives requests for mailing lists. Do you want your name included on lists provided by FWP to requestors?see reverse side)
<input type="checkbox"/> Female	Weight	Height	<input type="checkbox"/> No

<input type="checkbox"/> Male	Hair	Eyes	Occupation
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You **MUST** Include A Photocopy Of Your Valid
Montana Driver's License
OR
Montana Identification Card

I hereby declare that I have been a legal resident of the State of Montana for a period of at least 180 consecutive days (six months) immediately prior to making application for said license; or that I am a member of the regular armed forces who is assigned to active duty in Montana and have been living in Montana for a minimum of 30 days; or that I am a member's dependent and have lived in their Montana household for a minimum of 30 days. (The member must provide assignment orders and proof of completion of a hunter safety course.)

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-6-302, 303 and 304.

_____ **Years** _____ **Months of Montana residency (This information is REQUIRED.)**

X _____
SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print
(Faxed or photocopied signature not acceptable.) _____
Date

Section 2 — To be completed by M.D., D.O. or APRN See Reverse Side of Application

REMEMBER:

Please review your application to ensure that **all** information is filled out in Mandatory Sections 1 & 2 and that you have **included the required identification mentioned above.**

If applying by mail, you will be notified by mail once you are certified through Montana Fish, Wildlife & Park's (FWP) ALS system.

Your annual conservation license, along with any other fishing and hunting licenses may be purchased at any FWP office or FWP license provider.

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701

Section 2 —

This section needs to be completed by a M.D., D.O. or APRN licensed to practice in Montana **ONLY** if this is the **FIRST TIME** you are applying for this license.

To qualify for a "Montana Resident With a Disability Conservation License" the applicant must be a *legal resident of Montana* and be certified by a *physician licensed to practice in Montana (M.D., D.O. or APRN)* as having a **PERMANENT LIFETIME** disability as defined below:

- (i) A person whose disability has been medically determined to be permanent and substantial, and resulting in significant impairment of the person's functional ability and specifically includes amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, other spinal cord conditions and renal failure; OR
- (ii) A person who, because of lack of social competence, mobility, experience, skills, training or other successful characteristics, is in need of and is receiving sheltered employment or work activities services in a protective setting.

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify the applicant listed on the reverse side is eligible for a Resident with a Disability Conservation License.

PRINT — M.D. or D.O. Name

M.D. or D.O. Office Phone Number

PRINT — M.D. or D.O. Address

M.D. or D.O. License #

M.D. or D.O. Signature

Date

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.

M.D. - Medical Doctor

D.O. - Doctor of Osteopathy

APRN - Advanced Practice Registered Nurse

- Invalid or incomplete applications will be returned.
- ***EACH YEAR a person must obtain a conservation license to be authorized to fish, purchase any hunting license(s) or apply for special drawings.***
- Questions ??? – call 406-444-2535.

Once you are certified through Montana Fish, Wildlife & Parks (FWP) ALS system, your annual conservation license may be purchased at any FWP office or FWP license provider.

A physician's certification is not required each year.