



# 2020 MONTANA COMBAT DISABLED

RETURN TO:  
MONTANA FISH, WILDLIFE & PARKS  
LICENSING BUREAU - COMBAT  
1420 E 6th AVE  
PO BOX 200701  
HELENA, MT 59620-0701



**MUST INCLUDE A COPY OF YOUR DD214 AND VERIFICATION OF YOUR PURPLE HEART**

## MANDATORY INFORMATION Please Print Clearly

DATE OF BIRTH	MM	DD	YYYY	ALS	<b>DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS.</b> Your ALS number is a 1 to 3 digit number that follows your date of birth. If you do not have an ALS number you will be assigned a lifetime ALS number the first time you apply for a hunting or fishing license.						
NAME				JR., SR., ETC.		( ) HOME PHONE		( ) WORK PHONE			
FIRST				MI		LAST					
MAILING ADDRESS						CITY		STATE		ZIP CODE	
PHYSICAL ADDRESS						CITY		STATE		ZIP CODE	
If your mailing address is a PO Box											

EMAIL ADDRESS – You must provide a valid email address to receive your license information. You will not be contacted in any other format. .

<input type="checkbox"/> Female	Feet	Inches	<input type="checkbox"/> BALD	<input type="checkbox"/> BROWN	<input type="checkbox"/> BLACK	<input type="checkbox"/> GRAY	<input type="checkbox"/> USA	_____ (Please list Country) COUNTRY	
<input type="checkbox"/> Male	HEIGHT		<input type="checkbox"/> BLACK	<input type="checkbox"/> GRAY	<input type="checkbox"/> BLUE	<input type="checkbox"/> GREEN	<input type="checkbox"/> OTHER		
WEIGHT		<input type="checkbox"/> BLOND	<input type="checkbox"/> RED	<input type="checkbox"/> BROWN	<input type="checkbox"/> HAZEL				
			<b>Hair Color (Circle One)</b>		<b>Eye Color (Circle One)</b>				
Last 4 digits of SOCIAL SECURITY #		OCCUPATION			<b>HUNTER EDUCATION REQUIREMENT</b> An applicant born after January 1, 1985 must submit a copy of their Hunter's Education letter & number OR submit with this application a copy of the certificate verifying he/she has completed a course in hunter education from any other state or province per MCA 87-2-105.			DEPARTMENT USE ONLY	
<b>ORIGINAL SIGNATURE OF APPLICANT REQUIRED</b> 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? <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.					

## RESIDENT AND NONRESIDENT CONSERVATION AND BASE HUNTING FEE REQUIREMENTS

The 2015 legislature passed HB 140 that states, to be eligible to apply for a hunting license or permit, a person must first obtain a base hunting license as a prerequisite. A resident base hunting license can be purchased for a fee of \$10, and nonresidents \$15, of which \$2 (resident) & \$10 (nonresident) is allocated for Hunting Access Enhancement Fee (HAEF). You must also purchase a Conservation License prior to applying to purchase any hunting, fishing or trapping license. MCA 87-2-201

- \$8.00 for a 2020 **resident** conservation license as a **prerequisite**.
- \$10.00 for a 2020 **resident** base hunting license as a **prerequisite**.
- \$10.00 for a 2020 **nonresident** conservation license as a **prerequisite**.
- \$15.00 for a 2020 **nonresident** base hunting license as a **prerequisite**.

**NONRESIDENTS USE THIS SECTION**

DEER A LICENSE  please check box if applying

DEER B       insert hunting district  
DISTRICT CHOICE: DISTRICT NUMBER

ANTELOPE       insert hunting district  
DISTRICT CHOICE: DISTRICT NUMBER

FEES

NONRESIDENT ANTELOPE	\$100
NONRESIDENT GENERAL DEER	\$125
ANONRESIDENT DEER B	\$37.50
2020 CONSERVATION LICENSE	\$10
2020 BASE HUNTING FEE	\$15

M.O. or CASHIER'S CHECK # \_\_\_\_\_

Total amount of this application: \$ \_\_\_\_\_

Make Money Order or Cashiers Check to: **Montana Fish, Wildlife & Parks**

**NO PERSONAL OR COMPANY CHECKS ACCEPTED**

**RESIDENTS USE THIS SECTION**

DEER A LICENSE  please check box if applying

DEER B       insert hunting district  
DISTRICT CHOICE: DISTRICT NUMBER

ANTELOPE       insert hunting district  
DISTRICT CHOICE: DISTRICT NUMBER

FEES

RESIDENT ANTELOPE	\$7
RESIDENT GENERAL DEER	\$8
RESIDENT DEER B	\$5

**You must have a 2020 conservation and base hunting license prior to applying for any of these licenses You may purchase these items online or at any FWP provider.**

CHECK # \_\_\_\_\_

Total amount of this application: \$ \_\_\_\_\_

Make Payment to: **Montana Fish, Wildlife & Parks**

REV 02/2020

Applicants Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Combat Disabled licenses are available to individuals who are a veteran or a disabled member of the armed forces who meet the qualifications of a condition that is medically determined to be permanent, substantial, and resulting in significant impairment of the person’s functional ability as a result of a combat-connected injury.

You must include a copy of your DD 214 and verification of your Purple Heart.

**Section 2** — When applying for this license the first time, you must provide the certification shown below. It must be completed by one of the following licensed Health Care Providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or Chiropractor (DC).

Once your certification is entered into our system, you will be designated as permanently disabled and eligible for this program for subsequent applications.

Hunters who qualify for this license **MUST** be accompanied by another person to assist with field dressing and/or recovery of a wounded game animal when hunting big game. MCA 87-2-803(4)( c)

Health Care Provider **MUST** check one or more of the following **PERMANENT** eligibility criteria:

Patient Name \_\_\_\_\_

- Non-ambulatory** is defined as being permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.
- Substantially Impaired Mobility** is defined as being virtually unable to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances or similar compensatory appliances or devices.
- Documented Genetic Condition** is defined as having a diagnosis derived from genetic testing and confirmed by a licensed physician. Licensed physician means a person who holds a degree as a doctor of medicine or doctor of osteopathy and who has a valid license to practice medicine or osteopathic medicine in this state. **If this box is checked, only an MD or DO signature will be accepted below.**

PRINT — Health Care Provider Name

Health Care Provider — Office Phone Number

PRINT — Health Care Provider Address

License # of Health Care Provider

Health Care Provider Signature

Date

M  
A  
N  
D  
A  
T  
O  
R  
Y