2020 MONTANA TERMINAL ADULT

ANTELOPE LICENSE APPLICATION

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSING BUREAU- TERMINAL ADULT
1420 EAST 6TH AVENUE
PO BOX 200701
HELENA MT 59620 - 0701

Terminal Adult Antelope Either Sex License
Includes one either sex Antelope License, Conservation License, & Base Hunting License

To qualify for this one-time license, the adult must be **OVER 18 YEARS OF AGE** and been diagnosed with a life-threatening illness.

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 do not have an ALS number, the first time you apply for a license through ALS, you will be assigned a lifetime ALS number issued by the system.

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. MCA 87-2-105	**DEPARTMENT USE ONLY**

X _____

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 statements on 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.

NONRESIDENTS USE THIS SECTION

ANTELOPE ___ ___ ___ – ___ ___
DISTRICT

FEE: NONRESIDENT ANTELOPE $205

Make Money Order or Cashier's Check to:

Montana Fish, Wildlife & Parks

NO PERSONAL OR COMPANY CHECKS ACCEPTED

MO or CASHIER'S CHECK #_____

Total amount of this application: $_____

RESIDENTS USE THIS SECTION

ANTELOPE ___ ___ ___ – ___ ___
DISTRICT

FEE:: RESIDENT ANTELOPE $19

Make Money Order, Cashier's Check OR Checks to:

Montana Fish, Wildlife & Parks

CHECK #_____

Total amount of this application: $_____

REV 12/2018

APPLICANT NAME _____

APPLICANT DATE OF BIRTH _____

TO BE COMPLETED AND CERTIFIED BY A LICENSED PHYSICIAN (M.D.)

I hereby certify that the above listed applicant is eligible to apply for this exceptional license because of a life-threatening illness. "Life-threatening illness" means any progressive, degenerative or malignant disease or condition that results in a significant threat, likelihood, or certainty that the persons life expectancy will not extend more than 1 year from the date of the request for the license unless the cause of the disease is interrupted or abated.

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief.

_____ _____

Physician's Signature (Do Not Print) Physician's Name (Please Print) Date

_____ _____

Physician's License Number Physician's Address

_____

Physician's Phone Number