



2021 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 | DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. 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 FIRST | | MI | LAST | | JR., SR., ETC. | HOME PHONE | WORK PHONE |
| 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 |
| <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 | (Please list Country) |
| | | | Hair Color (Circle One) | | Eye Color (Circle One) | | COUNTRY |
| Last 4 digits of SOCIAL SECURITY # | OCCUPATION | | | HUNTER EDUCATION REQUIREMENT 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 |
| 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? <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 2021 **resident** conservation license as a **prerequisite**.
- \$10.00 for a 2021 **resident** base hunting license as a **prerequisite**.
- \$10.00 for a 2021 **nonresident** conservation license as a **prerequisite**.
- \$15.00 for a 2021 **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 |
| NONRESIDENT DEER B | \$37.50 |
| 2021 CONSERVATION LICENSE | \$10 |
| 2021 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 |
| 2021 CONSERVATION LICENSE | \$8.00 |
| 2021 BASE HUNTING LICENSE | \$10.00 |

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

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