



# 2022 MONTANA EXCEPTIONAL YOUTH BIG GAME COMBINATION OR ANTELOPE LICENSE APPLICATION

**Exceptional Youth Big Game Combination:**  
FREE - Includes General Elk, General Deer, Upland Game Bird, Fishing, Base & Conservation License

**Exceptional Youth Antelope Either Sex License:**  
FREE - Includes Either Sex Antelope License, Base & Conservation License

This application is for the Exceptional Youth Big Game Combination or Exceptional Youth Antelope License. To qualify for this free, one-time license, the youth must be **UNDER 18 YEARS OF AGE** at time of application and been diagnosed with a life-threatening illness. To use this license, the youth must be in the company of an adult in possession of a valid Montana hunting license or of a licensed Montana Outfitter. Hunter's safety and education requirements have been waived for this license.

**MANDATORY INFORMATION** Please Print Clearly

<b>DATE OF BIRTH</b>	MM	DD	YYYY	—	ALS	<b>DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS.</b> 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.					
<b>NAME</b>											
FIRST			MI		LAST			JR., SR., ETC.		HOME PHONE	
<b>MAILING ADDRESS</b>					CITY			STATE		ZIP CODE	
<b>PHYSICAL ADDRESS</b> <small>IF YOU HAVE A PO BOX</small>					CITY			STATE		ZIP CODE	
<input type="checkbox"/> Female						BALD		BROWN		<input type="checkbox"/> USA	
<input type="checkbox"/> Male		Feet    Inches		WEIGHT		BLACK		GRAY		<input type="checkbox"/> OTHER (Please list Country)	
		HEIGHT				BLOND		RED		HAZEL	
						<b>Hair Color (Circle One)</b>		<b>Eye Color (Circle One)</b>		<b>COUNTRY</b>	
Last 4 digits of SOCIAL SECURITY #										<b>DEPARTMENT USE ONLY</b>	
<p style="font-size: 2em; margin: 0;">X</p> <p style="margin: 0;"><b>SIGNATURE OF APPLICANT REQUIRED</b></p> <p style="margin: 0;">I am the applicant or have their permission to submit this on their behalf. All statements on this form are true &amp; correct. I understand that if I subscribe to any false statement in this application I am in violation of MCA 87-6-302</p>					<p style="margin: 0;">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</p> <p style="margin: 0;">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.</p>						

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

YOUTH'S NAME \_\_\_\_\_

YOUTH'S DATE OF BIRTH \_\_\_\_\_

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

I hereby certify that the above listed youth is eligible to apply for this exceptional youth 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 child's life expectancy will not extend past the child's 19th birthday unless the course 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