



# 2022 MONTANA AFFIDAVIT FOR DONATED LICENSE ISSUANCE



I, \_\_\_\_\_, as an authorized representative of \_\_\_\_\_  
(Name) (Organization)

state the following:

1. The organization I represent is a nonprofit organization exempt from taxation under 26 U.S.C. 501(c)(3).
2. The organization I represent uses hunting as part of the rehabilitation of disabled veterans and disabled members of the armed forces.
3. I am enclosing a copy of our organization charter or by-laws.
4. I understand that any license or permit donated to the organization for re-issuance to a disabled veteran or a disabled member of the armed forces may not be sold, traded, auctioned, or offered for any monetary value and may not be used by any person other than the disabled veteran or disabled member of the armed forces listed below.
5. I understand that any license or permit donated to the organization for re-issuance to a disabled veteran or a disabled member of the armed forces must be used to take the same species in the same administrative region or regions, hunting district or districts, or portions thereof, as allowed by the license and any related permit.

**NAME OF ORGANIZATION** \_\_\_\_\_ **TAX ID#** \_\_\_\_\_

**ADDRESS OF ORGANIZATION** \_\_\_\_\_

**NAME OF CONTACT PERSON** \_\_\_\_\_

**PHONE NUMBER FOR CONTACT PERSON** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**EMAIL ADDRESS FOR CONTACT PERSON** \_\_\_\_\_

## LIST OF DISABLED VETERANS BEING SPONSORED

	NAME OF DISABLED PERSON	DATE OF BIRTH	TYPE OF LICENSE and/or PERMIT REQUESTED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE DATE

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