MONTANA FISH WILDLIFE & PARKS
fwp.mt.gov

2022
Permit To Hunt From A Vehicle Application

Section 1 — Must be completed by the applicant.

ALS = Automated Licensing System

- Montana hunting, fishing and other recreational licenses are issued via an automated licensing system (ALS).
- The first time you acquire a license through ALS, you will be assigned a **lifetime "ALS number"**.
- ***The ALS number is your birthdate plus a number randomly issued by the automated system.***

Date of Birth _____/_____/_____ ALS # _____ (see above)
MM DD YYYY

Last 4 digits of your Social Security Number _____

If you do not have an ALS number, you MUST provide the last 4 digits of your social security number.

MANDATORY

Name First	MI	Last	Jr. Sr.	Home Phone	Work Phone

Mailing Address (Your application cannot be processed if you list only a PO Box Number)	Physical Address

City	State	Zip Code	Country ☐ USA ☐ Other_____

☐ Female ☐ Male	Weight	Height	Hair	Eyes	Occupation

☐ Yes (FWP receives requests for mailing lists. Do you want your
☐ No name included on lists provided by FWP to requestors?)

Hunters with Permit to Hunt From a Vehicle authorization <u>MUST BE</u> 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).

I hereby affirm that I am capable of holding and firing legal firearms, without assistance from other persons.

If you are awarded a PTHFV, you are required to follow Permit to Hunt From A Vehicle Guidelines.

I hereby declare that all statements on this form are true and correct. I understand that if I subscribe to any false statement in this application I am subject to criminal prosecution. **MCA 87-6-302.**

X _____ _____
SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print *(Faxed or photocopied signature not acceptable.)* *Date*

Please Remember:

- This permit must be used with a valid current year's hunting license and is nontransferable.
- This is a lifetime certification unless the qualifying criteria is amended or changed by the Montana Legislature.
- Invalid or incomplete applications will be returned.

Check Your Application:

☐ I have completely filled out MANDATORY Section 1.
☐ I have obtained the appropriate signatures from my health care provider in Section 2.

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701
<u>(or in person at a Regional Office)</u>

LICENSES Issued through the mail may take two weeks from time of receipt to process. Please allow adequate time.

MANDATORY

Section 2 — 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).

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

Patient Name _____

☐ **Nonambulatory** means permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.

☐ **Substantially Impaired Mobility** means virtual inability to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances or similar compensatory appliances or devices.

☐ **Documented Genetic Condition** means 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*