



## 2025 MONTANA EXCEPTIONAL YOUTH BIG GAME COMBINATION OR ANTELOPE LICENSE APPLICATION MCA 87-2-805

RETURN TO: FWP LICENSING - EXCEPTIONAL YOUTH PO BOX 200701 HELENA MT 59620 - 0701

**Exceptional Youth Big Game Combination License:**

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 education requirements have been waived for this license. **MCA 87-2-805(4)**

**PART A: REQUIRED INFORMATION :**

DATE OF BIRTH ( __/__/__ ) & ALS #:	PHONE:		
NAME:	WORK PHONE:		
MAILING ADDRESS:	CITY	STATE	ZIP CODE:
PHYSICAL ADDRESS: <small>(If your mailing address is a PO BOX)</small>	CITY	STATE	ZIP CODE:
EMAIL ADDRESS:			

MALE	FEMALE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	LAST 4 OF SSN

<p style="text-align: center;">_____ SIGNATURE OF APPLICANT                                  DATE</p> <p style="font-size: small;">Do not print. (Faxed or photocopied signature not acceptable) 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><b>HUNTER EDUCATION REQUIREMENT:</b> 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</p>
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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