



2026 MONTANA AFFIDAVIT FOR DONATED LICENSE ISSUANCE

MCA 87-2-815

RETURN TO: FWP LICENSING - DONATED 1420 E 6th AVE PO BOX 200701 HELENA, MT 59620-0701

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. **These are required every year for enforcement and records retention purposes.**
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.
6. **Effective 10/1/2025 sponsored disabled veterans, or disabled members of the armed forces may not have previously received a donated license or permit in the past calendar year(2025).**

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

NAME OF CONTACT PERSON: _____

PHONE NUMBER FOR CONTACT PERSON: _____

EMAIL ADDRESS FOR CONTACT PERSON: _____

LIST OF DISABLED VETERANS BEING SPONSORED, Please list the hunters in priority order.

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

PRINTED NAME

SIGNATURE DATE

