2021 MONTANA REFUND APPLICATION

RETURN TO: Montana Fish, Wildlife and Parks
LICENSING BUREAU
ATTN: REFUNDS
BOX 200701
HELENA MT 59620-0701

Please remember to include:
- Original license
- This signed refund form
- All required supporting documentation (i.e., physicians Statement, copy of Death Certificate & letter of explanation)

License being sent in for refund (please check appropriate box)
- Come Home to Hunt Combination
- Montana Native Combination
- General Combination
- Youth Combination
- Landowner Sponsored Deer Combination
- Other Combination

Reason for requesting refund is as follows (please check appropriate box)
- Death – Attach Copy of Death certificate
- Medical Emergency – Attach signed statement from physician on office letterhead stating that the licensee is unable to use his/her Montana hunting license due to a medical emergency during the hunting season. Must be signed by a DO, MD, or APRN.

I certify that I did not hunt or fish under the authority of this license, and that all statements on this form are true and correct. I understand that, dependent upon circumstance and date, I may not receive a full refund.

Signed _____________________________  Date _____________________________

We are not able to accept a request for refund AFTER 12/31/2021 for any reason.

Your entire original license must accompany this refund request.

<table>
<thead>
<tr>
<th>REASON</th>
<th>DEADLINE (POSTMARK DATE)</th>
<th>% OF REFUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of licensee</td>
<td>Dec. 31, 2021</td>
<td>100%</td>
</tr>
<tr>
<td>2. Death of immediate family member of Licensee</td>
<td>Dec. 31, 2021</td>
<td>90%</td>
</tr>
<tr>
<td>3. Medical emergency of licensee only</td>
<td>Dec. 31, 2021</td>
<td>90%</td>
</tr>
<tr>
<td>4. Any reason</td>
<td>August 1, 2021</td>
<td>80%</td>
</tr>
<tr>
<td>5. Any reason (without a bow license)</td>
<td>After August 1, but before opening of General Big Game hunting (Postmarked on or before 10/22/2021)</td>
<td>50%</td>
</tr>
<tr>
<td>6. Any reason (with a bow license)</td>
<td>After August 1, but before opening of Archery season (Postmarked on or before 9/03/2021)</td>
<td>50%</td>
</tr>
</tbody>
</table>

1. The appropriate documentation (copy of death certificate, medical statement, etc.) must accompany the UNUSED license. A request for a medical refund must include a signed statement by the licensed physician (MD, DO or APRN ONLY), stating that the licensee is unable to use his/her Montana hunting license due to a medical emergency during the hunting season. Medical emergencies are for the licensee only. Medical emergencies of family members or party members will fall under the “any reason” category.
2. If the licensee is landowner sponsored and lack of success in drawing a permit eliminates the opportunity to use the license, the amount retained by FWP will be $50, provided the request is postmarked ON OR BEFORE October 1.
3. Preference points and bonus points cannot be reinstated due to refund of the combination licenses.

Conservation license, base hunting license, and aquatic invasive species prevention passes are non-refundable.

REV 02/2020
MANDATORY INFORMATION  Please Print Clearly

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>MM</th>
<th>DO</th>
<th>YYYY</th>
<th>ALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME FIRST</td>
<td></td>
<td>MI</td>
<td>LAST</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>Physical Address</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
</tr>
</tbody>
</table>

Last 4 digits of Social Security #  
HUNTER EDUCATION REQUIREMENT  
An applicant born after January 1, 1985 must submit a copy of their Hunter’s Education letter & number OR submit with this application a copy of the certificate verifying he/she has completed a course in hunter education from any other state or province per MCA 87-2-105.

ORIGINAL SIGNATURE OF APPLICANT REQUIRED  
Do not print. (Faxed or photocopied signature not acceptable)  
All statements on this form are true & correct. I understand that if I subscribe to any false statement in this application I am in violation of MCA 87-6-302

RESIDENT AND NONRESIDENT CONSERVATION AND BASE HUNTING FEE REQUIREMENTS  
The 2015 legislature passed HB 140 that states, to be eligible to apply for a hunting license or permit, a person must first obtain a base hunting license as a prerequisite. A resident base hunting license can be purchased for a fee of $10, and nonresidents $15, of which $2 (resident) & $10 (nonresident) is allocated for Hunting Access Enhancement Fee (HAEF). You must also purchase a Conservation License prior to applying to purchase any hunting, fishing or trapping license. MCA 87-2-201

- $8.00 for a 2021 resident conservation license as a prerequisite.
- $10.00 for a 2021 resident base hunting license as a prerequisite.
- $10.00 for a 2021 nonresident conservation license as a prerequisite.
- $15.00 for a 2021 nonresident base hunting license as a prerequisite.

NONRESIDENTS USE THIS SECTION

<table>
<thead>
<tr>
<th>DEER LICENSE</th>
<th>please check box if applying</th>
<th>DEER A LICENSE</th>
<th>please check box if applying</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEER B</td>
<td>insert hunting district</td>
<td>DEER A LICENSE</td>
<td>please check box if applying</td>
</tr>
<tr>
<td>ANTELOPE</td>
<td>insert hunting district</td>
<td>DEER B DISTRICT CHOICE:</td>
<td>DISTRICT NUMBER</td>
</tr>
<tr>
<td>DISTRICT CHOICE:</td>
<td>DISTRICT NUMBER</td>
<td>ANTELOPE</td>
<td>District Choice:</td>
</tr>
<tr>
<td>FEES</td>
<td>NONRESIDENT ANTELOPE $100</td>
<td>NONRESIDENT ANTELOPE $100</td>
<td>NONRESIDENT ANTELOPE $100</td>
</tr>
<tr>
<td></td>
<td>NONRESIDENT DEER $125</td>
<td>NONRESIDENT DEER $125</td>
<td>NONRESIDENT DEER $125</td>
</tr>
<tr>
<td></td>
<td>2021 CONSERVATION LICENSE $10</td>
<td>2021 CONSERVATION LICENSE $10</td>
<td>2021 CONSERVATION LICENSE $10</td>
</tr>
<tr>
<td></td>
<td>2021 BASE HUNTING FEE $15</td>
<td>2021 BASE HUNTING FEE $15</td>
<td>2021 BASE HUNTING FEE $15</td>
</tr>
</tbody>
</table>

M.O. or CASHIER’S CHECK #  
Total amount of this application: $  
Make Money Order or Cashiers Check to: Montana Fish, Wildlife & Parks  
NO PERSONAL OR COMPANY CHECKS ACCEPTED

RESIDENTS USE THIS SECTION

<table>
<thead>
<tr>
<th>DEER LICENSE</th>
<th>please check box if applying</th>
<th>DEER A LICENSE</th>
<th>please check box if applying</th>
</tr>
</thead>
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<td>DEER A LICENSE</td>
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<tr>
<td>ANTELOPE</td>
<td>insert hunting district</td>
<td>DEER B DISTRICT CHOICE:</td>
<td>DISTRICT NUMBER</td>
</tr>
<tr>
<td>DISTRICT CHOICE:</td>
<td>DISTRICT NUMBER</td>
<td>ANTELOPE</td>
<td>District Choice:</td>
</tr>
<tr>
<td>FEES</td>
<td>RESIDENT ANTELOPE $7</td>
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<tr>
<td></td>
<td>RESIDENT GENERAL DEER $8</td>
<td>RESIDENT GENERAL DEER $8</td>
<td>RESIDENT GENERAL DEER $8</td>
</tr>
<tr>
<td></td>
<td>RESIDENT DEER $5</td>
<td>RESIDENT DEER $5</td>
<td>RESIDENT DEER $5</td>
</tr>
<tr>
<td></td>
<td>2021 CONSERVATION LICENSE $8.00</td>
<td>2021 CONSERVATION LICENSE $8.00</td>
<td>2021 CONSERVATION LICENSE $8.00</td>
</tr>
<tr>
<td></td>
<td>2021 BASE HUNTING FEE $10.00</td>
<td>2021 BASE HUNTING FEE $10.00</td>
<td>2021 BASE HUNTING FEE $10.00</td>
</tr>
</tbody>
</table>

CHECK #  
Total amount of this application: $  
Make Payment to: Montana Fish, Wildlife & Parks  
REV 02/2020
Section 2 — When applying for this license the first time, you must provide the certification shown below. It 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).

Once your certification is entered into our system, you will be designated as permanently disabled and eligible for this program for subsequent applications.

Hunters who qualify for this license MUST be 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)

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

Patient Name ______________________________

☐ Non-ambulatory is defined as being permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.

☐ Substantially Impaired Mobility is defined as being virtually unable to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances or similar compensatory appliances or devices.

☐ Documented Genetic Condition is defined as having 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 __________

Combat Disabled licenses are available to individuals who are a veteran or a disabled member of the armed forces who meet the qualifications of a condition that is medically determined to be permanent, substantial, and resulting in significant impairment of the person’s functional ability as a result of a combat-connected injury. You must include a copy of your DD 214 and verification of your Purple Heart.
2021 MONTANA DISABLED ANTELOPE APPLICATION

DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is a 1 to 3 digit number that follows your date of birth. If you do not have an ALS number you will be assigned a lifetime ALS number the first time you apply for a hunting or fishing license.

NAME

MAILING ADDRESS

PHYSICAL ADDRESS

NAME

DATE OF BIRTH MM DD YYYY

ALS

LAST

MIDDLE

FIRST

HOME PHONE

WORK PHONE

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

HEIGHT

WEIGHT

UNIT

UNIT

FEMALE

MALE

BALD

BROWN

BLACK

GRAY

BLACK

GRAY

BLOND

RED

HAIR COLOR (CIRCLE ONE)

EYE COLOR (CIRCLE ONE)

COUNTRY

USA

OTHER (PLEASE LIST COUNTRY)

RESIDENT AND NONRESIDENT CONSERVATION AND BASE HUNTING FEE REQUIREMENTS

The 2015 legislature passed HB 140 that states, to be eligible to apply for a hunting license or permit, a person must first obtain a base hunting license as a prerequisite. You must also purchase a Conservation License prior to applying to purchase any hunting, fishing or trapping license. MCA 87-2-201

- $8.00 for a 2021 resident conservation license as a prerequisite.
- $10.00 for a 2021 resident base hunting license as a prerequisite.
- $10.00 for a 2021 nonresident conservation license as a prerequisite.
- $15.00 for a 2021 nonresident base hunting license as a prerequisite.

HUNTERS AGAINST HUNGER DONATION

These donations fund a program that processes donated wild game and distributes the meat to those in need. Would you like to donate? YES NO

NONRESIDENTS USE THIS SECTION

ANTLELOPE

DISTRICT CHOICE:

FEES:

NONRESIDENT ANTELOPE $205.00
2021 CONSERVATION LICENSE $10.00
2021 BASE HUNTING LICENSE $15.00
**BONUS POINTS FEE (OPTIONAL) $20.00

Make Money Order or Cashiers Check to: Montana Fish, Wildlife & Parks
NO PERSONAL OR COMPANY CHECKS ACCEPTED
MO or CASHIER’S CHECK #
Total amount of this application: $ 

RESIDENTS USE THIS SECTION

ANTLELOPE

DISTRICT CHOICE:

FEES RESIDENT ANTELOPE $19.00
2021 RESIDENT CONSERVATION LICENSE $8.00
2021 RESIDENT BASE HUNTING LICENSE $10.00
**BONUS POINTS FEE (OPTIONAL) $2.00

Make Checks to: Montana Fish, Wildlife & Parks

CHECK #
Total amount of this application: $ 

** Beginning in 2003 both residents and nonresidents have the opportunity to accumulate bonus points for Antelope licenses. This system also applies to the Antelope license for the disabled; however, historically your odds of drawing this license are about 98% and you may choose not to pay this fee. For more information see the 2021 Deer, Elk and Antelope regulations or call (406) 444-2950.
Section 2 — When applying for this license the first time, you must provide the certification shown below. It 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).

Once your certification is entered into our system, you will be designated as permanently disabled and eligible for this program for subsequent applications. This designation cannot be removed from your records.

Hunters who qualify for this license MUST be 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)

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

Patient Name ______________________________

- Non-ambulatory is defined as being permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.
- Substantially Impaired Mobility is defined as being virtually unable to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances or similar compensatory appliances or devices.
- Documented Genetic Condition is defined as having 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

PRINT — Health Care Provider Address

PRINT — Health Care Provider Signature

Health Care Provider — Office Phone Number

License # of Health Care Provider

Date
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

DATE OF BIRTH MM DD YYYY ALS
DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. 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.

NAME FIRST MI LAST JR., SR., ETC. HOME PHONE WORK PHONE
MAILING ADDRESS CITY STATE ZIP CODE
PHYSICAL ADDRESS IF YOU HAVE A PO BOX CITY STATE ZIP CODE

Female BALD BLACK BLOND
Male BROWN GRAY RED

HEIGTH WEIGHT

Hair Color (Circle One) Eye Color (Circle One)

SEX: ☐ Female ☐ Male

Last 4 digits of SOCIAL SECURITY # OCCUPATION

DEPARTMENT USE ONLY

SIGNATURE OF APPLICANT REQUIRED
I am the applicant or have their permission to submit this on their behalf. All statements on this form are true & correct. I understand that if I subscribe to any false statement in this application I am in violation of MCA 87-6-302

FWP receives requests for mailing lists. Do you want your name included on lists provided to requestors? ☐ YES ☐ NO

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.

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

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Jr. Sr.</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Physical Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Country</th>
<th>Hair</th>
<th>Eyes</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ USA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- □ Female
- □ Male

□ Yes (FWP receives requests for mailing lists. Do you want your name included on lists provided by FWP to requesters?)

□ No

Hunters with Permit to Hunt From a Vehicle authorization **MUST BE** 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

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

<table>
<thead>
<tr>
<th>PRINT — Health Care Provider Name</th>
<th>Health Care Provider — Office Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT — Health Care Provider Address</td>
<td>License # of Health Care Provider</td>
</tr>
<tr>
<td>Health Care Provider Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
**MT FISH, WILDLIFE & PARKS**

**2021 Permit To Modify Archery Equipment**

**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**

<table>
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<tr>
<th>MM</th>
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<th>YYYY</th>
</tr>
</thead>
</table>

**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.

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ USA ☐ Other</td>
</tr>
</tbody>
</table>

**Physical Address**

<table>
<thead>
<tr>
<th>Weight</th>
<th>Height</th>
<th>Hair</th>
<th>Eyes</th>
<th>Occupation</th>
</tr>
</thead>
</table>

**Sex**

- ☐ Female
- ☐ Male

☐ Yes (FWP receives requests for mailing lists. Do you want your name included on lists provided by FWP to requesters?)

☐ No

The “Permit To Modify Archery Equipment” (PTMAE) allows a person with a PERMANENT LIFETIME disability to use modified archery tackle that supports the bow, draws, holds and releases the string to accommodate the individual disability (arrows, however, are not exempt, and still need to meet current requirements for the archery season as defined in the annual regulations). Crossbows may not be used during the archery season.

The “Permit To Modify Archery Equipment” holder is required to have a companion to assist in aspects of the hunt such as bow set-up and transporting the game animal(s), etc. The companion may also assist the permit holder by hunting (by the legal use of archery equipment only) a game animal that has been wounded by the permit holder when the hunter with a disability is unable to pursue and kill the wounded animal.

If you are awarded a PTMAE, you are required to follow Permit to Modify Archery Equipment 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 years hunting and bow and arrow license.
- This permit is nontransferable.
- Invalid or incomplete applications will be returned.
- Questions? — Call (406) 444-2535

Check Your Application:
- ☐ I have filled out MANDATORY Section 1.
- ☐ I have obtained a licensed physician’s (MD, DO or APRN) certification 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

**LICENSES issued through the mail may take two weeks from time of receipt to process. Please allow adequate time.**
Section 2 — Must be completed by a licensed physician Medical Doctor (MD), Doctor of Osteopathy (DO) or Advanced Practice Registered Nurse (APRN) only.

Physician MUST check one or more of the following PERMANENT eligibility criteria.

**Patient Name** __________________________________________

Montana Fish, Wildlife & Parks requires that an applicant for the "Permit To Modify Archery Equipment" meets at least one of the following criteria as a PERMANENT LIFETIME medical condition (check all that apply):

- ☐ Amputation involving 4 fingers at the proximal interphalangeal joint, wrist, elbow or shoulder.
- ☐ Spinal cord injury at the level of T-1 or above, resulting in permanent disability of at least 80% to a hand, wrist, arm or shoulder.
- ☐ Muscle weakness resulting in a permanent disability of the muscles of the shoulder, arm and back used in drawing and holding a bow. (Testing procedures shall use the "Techniques of Manual Muscle Testing" by Daniels and Worthingham and be scored on a range of grade 0 to grade 5. The applicant must score grade 3 or worse to qualify for a modified archer's permit.)
- ☐ Impaired range of motion of the shoulder, elbow or wrist that would prohibit the applicant from raising and holding a bow in the horizontal position. The impairment must be of a permanent nature.
- ☐ Coordination deficit. Coordination is the ability to execute smooth, accurate, controlled movement. Incoordination or coordination deficit describes abnormal motor function characterized by awkward, extraneous, uneven or inaccurate movements. This deficit may be caused by central nervous system disorders, including, but not limited to, Parkinson's Disease, Cerebral Palsy, Hemiplegia, Hemiparesis and closed head trauma; or by progressive neuromuscular diseases, such as Muscular Dystrophy, Multiple Sclerosis and Amyotrophic Lateral Sclerosis. The physician must assess the ability of the applicant to use his or her muscles or groups of muscles in a coordinated manner necessary to adequately and safely shoot a standard bow.

I hereby certify that the above-named applicant is eligible for the "Permit To Modify Archery Equipment" due to the applicant's PERMANENT LIFETIME medical condition checked above.

<table>
<thead>
<tr>
<th>PRINT – MD, DO or APRN Name</th>
<th>Office Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT – MD, DO or APRN Address</td>
<td>MD, DO or APRN License #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MD, DO or APRN Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
DATE OF BIRTH ____________/__________/__________

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)

CITY  STATE  ZIP CODE

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

A Photocopy of your valid Montana Identification Card must be attached.

Yes, I have attached the mandatory photocopy of my Montana Identification Card.

I hereby declare that I have been a legal resident of the State of Montana for a period of at least 180 consecutive days (six months) immediately prior to making application for this license.

____________ Years  ____________ Months of Montana residency (This information is REQUIRED.)

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-6-302, 303 and 304.

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

Date

Section 2 — This section must be completed by a licensed physician (Ophthalmologist or Optometrist)

I hereby certify that the above-named person is blind as defined by state law, Section 53-7-301, which reads:

(a) “Blind individual” means a visual disability in which:
(i) a person’s central visual acuity does not exceed 20/200 in the better eye with correcting lenses; or
(ii) a person’s visual field at the widest diameter subtends an angle no greater than 20 degrees.
(b) the term includes any visual disability that, in the determination of Dept. of Public Health & Human Services, renders vision seriously defective or causes blindness.

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify the applicant listed is eligible for a Resident Lifetime Fishing License for the Blind. MCA 87-2-803 (6)

SIGNATURE OF APPLICANT
(Physician)

PRINT — Physician’s Name

PRINT — Physician’s Address

Resident Lifetime Fishing License

One-time  $10

Aquatic Invasive Species Prevention Pass (AISPP see reverse)

This is a yearly fee  $2

Enclosed is my $12.00 payment in the form of a:

Personal Check  —  Cashier’s Check  —  Money Order

Please make payable to MT FWP

Number _____________________________Amount $_______________

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701
**Mailing Lists** - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.**

<table>
<thead>
<tr>
<th>Aquatic Invastive Species Prevention Pass (AISPP)</th>
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<tbody>
<tr>
<td>Montana’s 2017 Legislature passed a law that helps fund the Aquatic Invasive Species Prevention Program for the State of Montana (SB 363). This law requires that to be eligible to fish in Montana, individuals must obtain the AISPP in addition to their fishing license. <strong>The AISPP must be purchased once each license year.</strong></td>
</tr>
</tbody>
</table>
Section 1 — Must be completed by the applicant

Date of Birth __________/________/________ AL# __________
Last 4 Digits of your Social Security Number ________________

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 □ Yes (FWP receives requests for mailing lists. Do you want your name included on lists provided by FWP to requesters? see reverse side)
□ No

Gender □ Female □ Male

Weight Height Hair Eyes Occupation

You MUST Include A Photocopy Of Your Valid Montana Driver’s License OR Montana Identification Card

I hereby declare that I have been a legal resident of the State of Montana for a period of at least 180 consecutive days (six months) immediately prior to making application for said license; or that I am a member of the regular armed forces who is assigned to active duty in Montana and have been living in Montana for a minimum of 30 days; or that I am a member’s dependent and have lived in their Montana household for a minimum of 30 days. (The member must provide assignment orders and proof of completion of a hunter safety course.)

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-6-302, 303 and 304.

__________ Years __________ Months of Montana residency (This information is REQUIRED.)

X ____________________________
SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print

(Faxed or photocopied signature not acceptable.) Date

Section 2 — To be completed by M.D., D.O. or APRN See Reverse Side of Application

REMEMBER:
Please review your application to ensure that all information is filled out in Mandatory Sections 1 & 2 and that you have included the required identification mentioned above.

If applying by mail, you will be notified by mail once you are certified through Montana Fish, Wildlife & Park’s (FWP) ALS system.

Your annual conservation license, along with any other fishing and hunting licenses may be purchased at any FWP office or FWP license provider.

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701
Section 2 —
This section needs to be completed by a M.D., D.O. or APRN licensed to practice in Montana ONLY if this is the FIRST TIME you are applying for this license.

To qualify for a "Montana Resident With a Disability Conservation License" the applicant must be a legal resident of Montana and be certified by a physician licensed to practice in Montana (M.D., D.O. or APRN) as having a PERMANENT LIFETIME disability as defined below:

(i) A person whose disability has been medically determined to be permanent and substantial, and resulting in significant impairment of the person's functional ability and specifically includes amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, other spinal cord conditions and renal failure; OR

(ii) A person who, because of lack of social competence, mobility, experience, skills, training or other successful characteristics, is in need of and is receiving sheltered employment or work activities services in a protective setting.

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify the applicant listed on the reverse side is eligible for a Resident with a Disability Conservation License.

<table>
<thead>
<tr>
<th>PRINT — M.D. or D.O. Name</th>
<th>M.D. or D.O. Office Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT — M.D. or D.O. Address</td>
<td>M.D. or D.O. License #</td>
</tr>
<tr>
<td>M.D. or D.O. Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.

M.D. - Medical Doctor
D.O. - Doctor of Osteopathy
APRN - Advanced Practice Registered Nurse

- Invalid or incomplete applications will be returned.
- EACH YEAR a person must obtain a conservation license to be authorized to fish, purchase any hunting license(s) or apply for special drawings.

Once you are certified through Montana Fish, Wildlife & Parks (FWP) ALS system, your annual conservation license may be purchased at any FWP office or FWP license provider.

A physician's certification is not required each year.
Terminal Adult Antelope Either Sex License
Includes one either sex Antelope License, Conservation License, & Base Hunting License

To qualify for this one-time license, the adult must be OVER 18 YEARS OF AGE and been diagnosed with a life-threatening illness.

MANDATORY INFORMATION

Please Print Clearly

<table>
<thead>
<tr>
<th>DATE OF BIRTH (MM DD YYYY)</th>
<th>AMOUNT</th>
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DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is your date of birth followed by a 1 to 3 digit number. If you do not have an ALS number, the first time you apply for a license through ALS, you will be assigned a lifetime ALS number issued by the system.

NAME

<table>
<thead>
<tr>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
<th>JR., SR., ETC.</th>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
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MAILING ADDRESS

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<th>STATE</th>
<th>ZIP CODE</th>
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PHYSICAL ADDRESS

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HUNTER EDUCATION REQUIREMENT

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

EMAIL ADDRESS REQUIRED

Make Money Order or Cashier's Check to:

Montana Fish, Wildlife & Parks

NO PERSONAL OR COMPANY CHECKS ACCEPTED

Make Money Order, Cashier's Check OR Checks to:

Montana Fish, Wildlife & Parks

REV 12/2018
TO BE COMPLETED AND CERTIFIED BY A LICENSED PHYSICIAN (M.D.)

I hereby certify that the above listed applicant is eligible to apply for this exceptional 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 person's life expectancy will not extend more than 1 year from the date of the request for the license unless the cause 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