

2018 MONTANA DISABLED VETERAN APPLICATION



| | | | | | | | | | |
|--|--|-------------------------|----|---|-----|---|--|--|--|
| 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 hunting 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 | |
| MAILING ADDRESS | | | | | | CITY | | STATE | |
| PHYSICAL ADDRESS | | | | | | CITY | | STATE | |
| SAME AS MAILING <input type="checkbox"/> | | | | | | CITY | | STATE | |
| <input type="checkbox"/> Female | | Feet | | Inches | | WEIGHT | | ZIP CODE | |
| <input type="checkbox"/> Male | | BALD | | BROWN | | BLACK | | GRAY | |
| | | BLACK | | GRAY | | BLUE | | GREEN | |
| | | BLOND | | RED | | BROWN | | HAZEL | |
| | | Hair Color (Circle One) | | Eye Color (Circle One) | | COUNTRY | | <input type="checkbox"/> USA <input type="checkbox"/> OTHER (Please list Country) | |
| Last 4 digits of SOCIAL SECURITY # | | OCCUPATION | | 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. | | | | DEPARTMENT USE ONLY | |
| X ORIGINAL SIGNATURE OF APPLICANT REQUIRED Do not print. | | | | | | FWP receives requests for mailing lists. Do you want your name included on lists provided to requestors? <input type="checkbox"/> YES <input type="checkbox"/> 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. | | | |

To be eligible for the issuance of a donated license, the disabled veteran applicant must include a letter from the United States Department of Veteran's Affairs certifying to the seventy percent (70%) or more service connected disability compensation qualification of the applicant. In addition, the disabled veteran must be selected and sponsored by a nonprofit charitable organization dedicated to providing hunting opportunities to individuals with disabilities and take the veteran out into the field as part of their rehabilitation. No license will be issued without this application, qualification letter from United States Department of Veterans Affairs, and a properly completed Affidavit for Donated License Issuance from the nonprofit charitable organization sponsoring the disabled veteran.

1. **NAME OF THE SPONSORING ORGANIZATION** _____
ORGANIZATION TAX EXEMPTION ID NUMBER _____

2. TYPE OF LICENSE REQUESTING

TYPE OF LICENSE REQUESTING: _____

HUNTING DISTRICT REQUESTING: _____

PERMIT REQUIRED: ☐ YES ☐ NO

3. SUBMIT THE FOLLOWING TWO DOCUMENTATION:

☐ PURPLE HEART CERTIFICATE OR

☐ DD214 REFLECTING PURPLE HEART

AND

☐ VA DISABILITY RATING OF 70% OR

☐ PROOF OF MEDICAL TREATMENT WHILE ON ACTIVE DUTY STATUS

RETURN TO:
 MONTANA FISH, WILDLIFE & PARKS
 LICENSE SECTION
 1420 E 6th AVE
 PO BOX 200701
 HELENA, MT 59620-0701