



2019 MONTANA DISABLED VETERAN APPLICATION



DATE OF BIRTH		MM	DD	YYYY	ALS	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					JR., SR., ETC.		HOME PHONE	
FIRST MI LAST							WORK PHONE	
MAILING ADDRESS					CITY		STATE ZIP CODE	
PHYSICAL ADDRESS					CITY		STATE ZIP CODE	
SAME AS MAILING <input type="checkbox"/>								
<input type="checkbox"/> Female		Feet Inches HEIGHT		WEIGHT		BALD BROWN BLACK GRAY BLOND RED Hair Color (Circle One)		<input type="checkbox"/> USA <input type="checkbox"/> OTHER (Please list Country) COUNTRY
<input type="checkbox"/> Male						BLACK GRAY BLUE GREEN BROWN HAZEL Eye Color (Circle One)		
Last 4 digits of SOCIAL SECURITY #		OCCUPATION			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.			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 HIGHER **OR**
- PROOF OF MEDICAL TREATMENT WHILE ON ACTIVE DUTY STATUS

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