# Resident Lifetime Fishing License for the Blind Application

**All information is mandatory**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>MM/ DD/ YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>First MI Last Jr. Sr.</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Physical Address</td>
</tr>
<tr>
<td>City</td>
<td>State Zip Code</td>
</tr>
<tr>
<td>Gender</td>
<td>Male Female</td>
</tr>
<tr>
<td>Weight</td>
<td>Height Hair Eyes Occupation</td>
</tr>
</tbody>
</table>

**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.

**Sections**

**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)

________________________    __________________________
Physician’s Signature        PRINT — Physician’s Name

________________________    __________________________
Physician’s License #         PRINT — Physician’s Address

### $10

#### Resident Lifetime Fishing License

#### $2

#### Aquatic Invasive Species Prevention Pass (AISPP see reverse)

### $12

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 20071
Helena, MT 59620-0701

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 $__________
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.**

Aquatic Invasive Species Prevention Pass (AISPP)

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. **The AISPP must be purchased once each license year.**