



# 2023 Application for a Montana Resident with Disability Conservation License

updated 4/5/23

## Section 1 - Must be completed by the applicant

Date of Birth ____/____/____ ALS # ____					
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 No name included on lists provided by FWP to requestors? (see below)
Female Male	Weight ____	Height ____	Eyes ____	Hair ____	Last 4 Digits of your Social Security #: ____

**A photocopy of your valid Montana Identification Card or Montana Driver's License 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 medical provider licensed in Montana (MD, DO, DC, PA-C or APRN).

To qualify for a 'Montana Resident With a Disability Conservation License' the applicant must be a legal resident of Montana and be certified as having a **PERMANENT LIFETIME DISABILITY as defined below** by a MD, DO, DC, PA-C, or APRN licensed to practice in Montana

- a) 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, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia other spinal cord conditions, and renal failure; **OR**
- b) 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 above is eligible for a MT Resident With a Disability Conservation License.**

\_\_\_\_\_  
SIGNATURE OF - MD, DO, DC, PA-C, or APRN

\_\_\_\_\_  
PRINTED NAME OF — MD, DO, DC, PA-C, or APRN Name

\_\_\_\_\_  
LICENSE NUMBER OF - MD, DO, DC, PA-C, or APRN

\_\_\_\_\_  
PRINTED ADDRESS OF — MD, DO, DC, PA-C, or APRN

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.

- Once you are certified through Montana Fish, Wildlife & Parks (FWP) ALS system, your Montana Resident With a Disability Conservation License may be purchased at any FWP office or FWP license provider.
- EACH YEAR a person must obtain a conservation license to be authorized to fish, purchase any hunting license(s) or apply for special drawings.
- Please call 406-444-2950 with any questions or visit our website at [fwp.mt.gov](http://fwp.mt.gov)