



2020 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		WORK PHONE		
FIRST					MI		LAST				
MAILING ADDRESS					CITY			STATE		ZIP CODE	
PHYSICAL ADDRESS					CITY			STATE		ZIP CODE	
SAME AS MAILING <input type="checkbox"/>											
<input type="checkbox"/> Female						BALD BROWN		BLACK GRAY		<input type="checkbox"/> USA	
<input type="checkbox"/> Male		Feet Inches HEIGHT		WEIGHT		BLACK GRAY BLOND RED		BLUE GREEN BROWN HAZEL		<input type="checkbox"/> OTHER (Please list Country)	
						Hair Color (Circle One)		Eye Color (Circle One)		COUNTRY	
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		
<div>X</div> 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