



2020 MONTANA DISABLED ANTELOPE APPLICATION

Applications must be postmarked by the
US Postal Service on or before June 1, 2020

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSING BUREAU - Disabled Antelope
1420 E 6th AVE
PO BOX 8009
HELENA, MT 59604

MANDATORY INFORMATION Please Print Clearly

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						()		()			
FIRST		MI		LAST		JR., SR., ETC.		HOME PHONE		WORK PHONE	
MAILING ADDRESS						CITY		STATE		ZIP CODE	
PHYSICAL ADDRESS						CITY		STATE		ZIP CODE	
SAME AS MAILING <input type="checkbox"/>											
EMAIL ADDRESS – You must provide a valid email address to receive your license information. You will not be contacted in any other format.											
<input type="checkbox"/> Female						BALD BROWN BLACK GRAY BLOND RED		BLACK GRAY BLUE GREEN BROWN HAZEL		<input type="checkbox"/> USA <input type="checkbox"/> OTHER (Please list Country)	
<input type="checkbox"/> Male		Feet Inches HEIGHT		WEIGHT		Hair Color (Circle One)		Eye Color (Circle One)		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. MCA 87-2-105						DEPARTMENT USE ONLY	
SIGNATURE OF APPLICANT REQUIRED I am the applicant or have their permission to submit this on their behalf. All statements on this form are true & correct. I understand that if I subscribe to any false statement in this application I am in violation of MCA 87-6-302						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.					

RESIDENT AND NONRESIDENT CONSERVATION AND BASE HUNTING FEE REQUIREMENTS

The 2015 legislature passed HB 140 that states, to be eligible to apply for a hunting license or permit, a person must first obtain a base hunting license as a prerequisite. You must also purchase a Conservation License prior to applying to purchase any hunting, fishing or trapping license. MCA 87-2-201

- ☐ \$8.00 for a 2020 **resident** conservation license as a **prerequisite**.
☐ \$10.00 for a 2020 **resident** base hunting license as a **prerequisite**.
☐ \$10.00 for a 2020 **nonresident** conservation license as a **prerequisite**.
☐ \$15.00 for a 2020 **nonresident** base hunting license as a **prerequisite**.

HUNTERS AGAINST HUNGER DONATION These donations fund a program that processes donated wild game and distributes the meat to those in need. Would you like to donate? ☐ YES ☐ NO If yes, in the amount of \$ _____

NONRESIDENTS USE THIS SECTION	
DISTRICT NUMBER	
ANTELOPE DISTRICT CHOICE:	<input type="text"/>
FEES:	NONRESIDENT ANTELOPE \$205 2020 CONSERVATION LICENSE \$10 2020 BASE HUNTING LICENSE \$15 **BONUS POINTS FEE (Optional) \$20
Make Money Order or Cashiers Check to: Montana Fish, Wildlife & Parks NO PERSONAL OR COMPANY CHECKS ACCEPTED MO or CASHIER'S CHECK # _____ Total amount of this application: \$ _____	

RESIDENTS USE THIS SECTION	
DISTRICT NUMBER	
ANTELOPE DISTRICT CHOICE:	<input type="text"/>
FEES:	RESIDENT ANTELOPE \$19 **BONUS POINTS FEE (Optional) \$2
You must have a 2020 Conservation and Base Hunting license PRIOR to applying for this license or your application will be returned to you. You may purchase these at any FWP provider or office.	
Make Checks to: Montana Fish, Wildlife & Parks CHECK # _____ Total amount of this application: \$ _____	

** Beginning in 2003 both residents and nonresidents have the opportunity to accumulate bonus points for Antelope licenses. This system also applies to the Antelope licenses for the disabled; however, historically your odds of drawing this license are about 98% and you may choose not to pay this fee. For more information see the 2020 Deer, Elk and Antelope regulations or call (406) 444-2950.

REV 02/2020

Applicants Name: _____

Date of Birth _____

Section 2 — When applying for this license the first time, you must provide the certification shown below. It must be completed by one of the following licensed Health Care Providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or Chiropractor (DC).

Once your certification is entered into our system, you will be designated as permanently disabled and eligible for this program for subsequent applications. This designation cannot be removed from your records.

Hunters who qualify for this license **MUST** be accompanied by another person to assist with field dressing and/or recovery of a wounded game animal when hunting big game. MCA 87-2-803(4)(c)

Health Care Provider MUST check one or more of the following PERMANENT eligibility criteria:

Patient Name _____

☐ **Non-ambulatory** is defined as being permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.

☐ **Substantially Impaired Mobility** is defined as being virtually unable to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances or similar compensatory appliances or devices.

☐ **Documented Genetic Condition** is defined as having a diagnosis derived from genetic testing and confirmed by a licensed physician. Licensed physician means a person who holds a degree as a doctor of medicine or doctor of osteopathy and who has a valid license to practice medicine or osteopathic medicine in this state. **If this box is checked, only an MD or DO signature will be accepted below.**

M
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Y

PRINT — Health Care Provider Name

Health Care Provider — Office Phone Number

PRINT — Health Care Provider Address

License # of Health Care Provider

Health Care Provider Signature

Date