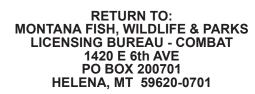


# 2020 MONTANA COMBAT DISABLED





### MUST INCLUDE A COPY OF YOUR DD214 AND VERIFICATION OF YOUR PURPLE HEART

## MANDATORY INFORMATION Please Print Clearly

DATE OF BIRTH	MM	DD	YYYY		ALS	<b>DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS.</b> 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												
If your mailing address is a PO Box				СІТҮ			STATE		ZIP CODE			

#### EMAIL ADDRESS - You must provide a valid email address to receive your license information. You will not be contacted in any other format.

Female	Feet Inches	WEIGHT	BALD BLACK BLOND	BROWN GRAY RED	BLACK BLUE BROWN	GRAY GREEN HAZEL		USA OTHER	(Please list Country)	
			Hair Color (Circle One) Eye Color (Circle One) COUNTRY   HUNTER EDUCATION REQUIREMENT 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 An applicant born after January 1, 1985 must submit a copy of their Hunter's Education							
Last 4 digits of SOCIAL SECURITY	OCCUPATION		verifying he/s	er OR submit w he has complet province per M	ed a course in hu	n a copy of the output of the	from a	ate any	DEPARTMENT USE ONLY	
		FWP receives requests for mailing lists. Do you want your name included on lists provided to requestors? Image: YES Image: 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. A resident base hunting license can be purchased for a fee of \$10, and nonresidents \$15, of which \$2 (resident) & \$10 (nonresident) is allocated for Hunting Access Enhancement Fee (HAEF).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**.

NONRESIDENTS USE THIS SECTION	RESIDENTS USE THIS SECTION				
DEER A LICENSE please check box if applying	DEER A LICENSE please check box if applying				
DEER B DISTRICT CHOICE: ANTELOPE DISTRICT NUMBER DISTRICT CHOICE: FEES NONRESIDENT ANTELOPE \$100 NONRESIDENT GENERAL DEER \$125 ANONRESIDENT DEER B \$37.50 2020 CONSERVATION LICENSE \$10	DEER B DISTRICT CHOICE: ANTELOPE DISTRICT CHOICE: FEES FEES FEES FEES RESIDENT ANTELOPE TO applying for any of these licenses You may purchase				
2020 BASE HUNTING FEE \$15	these items online or at any FWP provider.				
M.O. or CASHIER'S CHECK #	CHECK #				
Total amount of this application: \$	Total amount of this application: \$				
Make Money Order or Cashiers Check to: Montana Fish, Wildlife & Parks	Make Payment to: Montana Fish, Wildlife & Parks				
NO PERSONAL OR COMPANY CHECKS ACCEPTED	REV 02/2020				

Combat Disabled licenses are available to individuals who are a veteran or a disabled member of the armed forces who meet the qualifications of a condition that is medically determined to be permanent, substantial, and resulting in significant impairment of the person's functional ability as a result of a combat-connected injury.

You must include a copy of your DD 214 and verification of your Purple Heart.

**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.

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 <u>PERMANENT</u>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.

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