

## 2020 MONTANA EXCEPTIONAL YOUTH BIG GAME COMBINATION OR ANTELOPE LICENSE APPLICATION

Exceptional Youth Big Game Combination:

FREE - Includes General Elk, General Deer, Upland Game Bird, Fishing, Base & Conservation License

## Exceptional Youth Antelope Either Sex License:

FREE - Includes Either Sex Antelope License, Base & Conservation License

This application is for the Exceptional Youth Big Game Combination or Exceptional Youth Antelope License. To qualify for this free, one-time license, the youth must be **UNDER 18 YEARS OF AGE** at time of application and been diagnosed with a life-threatening illness. To use this license, the youth must be in the company of an adult in possession of a valid Montana hunting license or of a licensed Montana Outfitter. Hunter's safety and education requirements have been waived for this license.

MM	DD	YYYY	-	ALS	<b>DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS.</b> Your ALS number is your of birth followed by a 1 to 3 digit number. If you have not applied for or purchased a Montana license you will not have an ALS#. You will be issued an ALS# after your application is processed.							sed a Montana license	
NAME								( )	)			( )	
FIRST MI LAST							JR., SR., ETC.	JR., SR., ETC. HOME PHONE			WORK PHONE		
MAILING ADDRESS							CITY		STATE	ZIP CODE			
PHYSICAL ADDRESS IF YOU HAVE A PO BOX							CITY	s <sup>.</sup>		STATE		ZIP CODE	
Female					BALD BLACK	BROWN GRAY	BLACK BLUE	GRAY GREEN		USA			
									(Please	ase list Country)			
F	Feet Inches		WEIGHT					(Circle One)			COUNTRY		
ast 4 digits of IAL SECURITY # OCCUPATION										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 Law in violation of MCA 87.6 a02							FWP receives requests for mailing lists. Do you want your name included on lists provided to requestors? YES 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.						
	DRESS DDRES 0 BOX F F of TY #	DRESS DDRESS O BOX Feet Inche HEIGHT of TY # OC SIGNATURI cant or have thei this form are tru	MI DRESS DDRESS O BOX Feet Inches HEIGHT of TY # OCCUPATI SIGNATURE OF A cant or have their permise this form are true & cor	MI DRESS DDRESS DDRESS OBOX Feet Inches HEIGHT WEIGHT Of TY # OCCUPATION SIGNATURE OF APPLIC Cant or have their permission to this form are true & correct. I the form are true and true and true and true are true and true	MI LAST DRESS DDRESS O BOX Feet Inches HEIGHT WEIGHT OF TY # OCCUPATION SIGNATURE OF APPLICANT F cant or have their permission to submit this form are true & correct. I understa	MM     DD     YYYY     ALS     You will no       MI     LAST       DRESS     DRESS       OBOX     BALD       Feet     Inches       HEIGHT     WEIGHT       Hair Color (       of       TY #       OCCUPATION   SIGNATURE OF APPLICANT REQUIRED cant or have their permission to submit this on their b this form are true & correct. I understand that if I su	MM     DD     YYYY     ALS     you will not have an AL       MI     LAST       DRESS       DDRESS       OBDX       Feet     Inches       HEIGHT     BALD     BROWN       BLOND     RED       HEIGHT     WEIGHT       MI     LAST	MM     DD     YYYY     ALS     you will not have an ALS#. You will be if       MI     LAST     JR., SR., ETC.       DRESS     CITY       DDRESS     CITY       DDRESS     CITY       DRESS     BALD     BROWN       BLACK     GRAY     BLUE       BLOND     RED     BROWN       MEIGHT     Hair Color (Circle One)     Eye Color       SIGNATURE OF APPLICANT REQUIRED     FWP receives I provided to require this form are true & correct. I understand that if I subscribe to any     FWP receives I wish to compile	MM       DD       YYYY       ALS       you will not have an ALS#. You will be issued an ALS#.         MI       LAST       JR., SR., ETC.       ()         JR., SR., ETC.       HOME         ORESS       CITY         ODRESS       CITY         BALD       BROWN         BLACK       GRAY         BLOND       RED         BROWN       HAZEL         BLOND       RED         BROWN       HAZEL         BLOND       RED         BROWN       HAZEL         BROWN       HAZEL         BLOND       RED         BROWN       HAZEL         Brown       HAZEL	MM       DD       YYYY       ALS       you will not have an ALS#. You will be issued an ALS# after you         MI       LAST       JR., SR., ETC.       HOME PHONE         ORESS       CITY       CITY         DDRESS       CITY       CITY         DDRESS       BALD       BROWN         BLACK       GRAY       BLUE         BLOND       RED       BROWN         HEIGHT       WEIGHT       Hair Color (Circle One)         Signature of Applicant Required       FwP receives requests for mailing lists. If provided to requestors?         Signature of Applicant Required       FwP receives requests for mailing lists. If provided to requestors?         Signature of Applicant Required       FwP receives requests for mailing list. If provided to requestors?         YES       NOTE: Even if you choose NO, under star wish to compile their own mailing list access	MM       DD       YYYY       ALS       you will not have an ALS#. You will be issued an ALS# after your applica         MI       LAST       JR., SR., ETC.       HOME PHONE         ORESS       CITY       STATE         ODRESS       CITY       STATE         ODRESS       BALD       BROWN       BLACK       GRAY         BLOND       RED       BLACK       GRAY       USA         Feet       Inches       WEIGHT       Hair Color (Circle One)       Eye Color       Circle One)         of       OCCUPATION       SIGNATURE OF APPLICANT REQUIRED       FWP receives requests for mailing lists. Do you wan provided to requestors?       YES       NOTE: Even if you choose NO, under state law FWF wish to compile their own mailing list access to depart	MM       DD       YYYY       ALS       you will not have an ALS#. You will be issued an ALS# after your application is         MI       LAST       JR., SR., ETC.       HOME PHONE         ORESS       CITY       STATE         ODRESS       CITY       STATE         ODRESS       BALD       BROWN       BLACK       GRAY         BLOND       RED       BLOND       RED       BROWN       HAZEL       USA         Feet       Inches       WEIGHT       Hair Color (Circle One)       Eye Color       Circle One)       Color         of       OCCUPATION       Feet       Hair Color (Circle One)       Eye Color       Circle One)       Color         SIGNATURE OF APPLICANT REQUIRED       FWP receives requests for mailing lists. Do you want your provided to requestors?       YES       NO       NO         Signature of have their permission to submit this on their behalf. All this form are true & correct. I understand that if I subscribe to any       FWP receives requests for mailing list access to department	

## **MANDATORY INFORMATION** Please Print Clearly

**RETURN TO:** MONTANA FISH, WILDLIFE & PARKS LICENSING BUREAU - EXCEPTIONAL YOUTH 1420 EAST 6TH AVENUE PO BOX 200701 HELENA MT 59620 - 0701 YOUTH'S DATE OF BIRTH

## TO BE COMPLETED AND CERTIFIED BY A LICENSED PHYSICIAN (M.D.)

I hereby certify that the above listed youth is eligible to apply for this exceptional youth license because of a life-threatening illness. "Life-threatening illness" means any progressive, degenerative or malignant disease or condition that results in a significant threat, likelihood, or certainty that the child's life expectancy will not extend past the child's 19th birthday unless the course of the disease is interrupted or abated.

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief.

Physician's Signature (Do Not Print)

Physician's Name (Please Print)

Date

Physician's License Number

Physician's Address

Physician's Phone Number