



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.

MANDATORY INFORMATION Please Print Clearly

DATE OF BIRTH		MM	DD	YYYY	—	ALS	DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is your date 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.				
NAME						JR., SR., ETC.		() HOME PHONE		() WORK PHONE	
FIRST MI LAST											
MAILING ADDRESS						CITY		STATE		ZIP CODE	
PHYSICAL ADDRESS IF YOU HAVE A PO BOX						CITY		STATE		ZIP CODE	
<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		DEPARTMENT USE ONLY							
X 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.					

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

YOUTH'S NAME _____

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