



2020 MONTANA TERMINAL ADULT

ANTELOPE LICENSE APPLICATION

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

Terminal Adult Antelope Either Sex License

Includes one either sex Antelope License, Conservation License, & Base Hunting License

To qualify for this one-time license, the adult must be **OVER 18 YEARS OF AGE**
 and been diagnosed with a life-threatening illness.

MANDATORY INFORMATION Please Print Clearly

DATE OF BIRTH							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 do not have an ALS number, the first time you apply for a license through ALS, you will be assigned a lifetime ALS number issued by the system.			
	MM	DD	YYYY	—	ALS			()	()	
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			BLACK	GRAY	BLUE	GREEN	<input type="checkbox"/> OTHER (Please list Country)	
	HEIGHT		WEIGHT		BLOND	RED	BROWN	HAZEL	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	
X 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 statements on 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.			

NONRESIDENTS USE THIS SECTION

ANTELOPE [] [] [] - [] [] []
 DISTRICT

FEE: NONRESIDENT ANTELOPE \$205

Make Money Order or Cashier's 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

ANTELOPE [] [] [] - [] [] []
 DISTRICT

FEE: RESIDENT ANTELOPE \$19

Make Money Order, Cashier's Check OR Checks to:
Montana Fish, Wildlife & Parks
 CHECK # _____
 Total amount of this application: \$ _____

APPLICANT NAME _____

APPLICANT DATE OF BIRTH _____

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

I hereby certify that the above listed applicant is eligible to apply for this exceptional 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 persons life expectancy will not extend more than 1 year from the date of the request for the license unless the cause 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