



Applicant Information:

Customer Identification # _____

Name _____ Phone _____

If residing in a group or residential care home, list facility name: _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Gender _____ Weight _____ Height _____ Eye Color _____ Hair Color _____

Requirements:

1. Applicant must be a resident who has an intellectual disability and is not eligible under Section 23-19-14 to fish without a license may receive a free license to fish upon furnishing verification from a physician that the person has an intellectual disability.
2. A significant, sub average general intellectual functioning that exists concurrently with deficits in adaptive behavior and is manifested during the developmental period as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders, Published by the American Psychiatric Association.

As the applicant, I have read and understand the requirements for obtaining this license.

Signature of Applicant _____ Date _____

Physician's Statement:

(Below must be completed and signed by a licensed MD or DO)

I hereby certify the above named applicant meets the criteria for intellectual disability as defined above.

Please explain how the intellectual disability satisfies the statutory requirements found on this application:

Dr. Office Use Only:

Physician Signature _____ Physician Name (print) _____

Professional Title _____ Date _____

Telephone Number _____ Address _____

City _____ State _____ Zip _____

Please reference Rule R657-12 Hunting and Fishing Accommodations for People with Disabilities for any questions and/or concerns: <https://wildlife.utah.gov/r657-12-hunting-and-fishing-accommodations-for-people-with-disabilities.html>

For more information or additional consideration please contact:

Holly Bosley (801) 538-4815

To submit your application please email, mail, or deliver to a regional office.

Email: hbosley@utah.gov

Mail to:

Attention Licensing

1594 West North Temple Suite 2110

Salt Lake City, UT 84114

Attention: False, Inaccurate, or Misleading Information on this application is a criminal offense and a violation of Utah Code Title 23 Chapter 19 Section 5

DWR USE ONLY

Approved

Denied

Need More Information (forward app to SLO)

Region _____ Date _____ Clerk _____