



DUPLICATE DISABLED FISHING LICENSE FORM

ATTN: BRAD VASKE
1594 W North Temple
Suite 2110 Box 146301
Salt Lake City, UT 84114-6301

DATE ___/___/___

REQUIRED INFORMATION:

CUSTOMER ID # _____ **DATE OF BIRTH** ___/___/___

First Name _____ **Last Name** _____

I AM REQUESTING A NEW CARD BECAUSE: (check one of the following)

- Change of address
- Lost or Stolen (10.00 Dollar charge)
- Damaged
- I need information changed, but do not need new card (No charge)
- Never Received Card (No charge)

CHANGE OF INFORMATION:

First Name: _____ **M.I.** _____ **Last Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Height: ___' ___" **Weight:** _____ lbs

Eye Color: (circle one) ~ Blue ~ Brown ~ Green ~ Hazel

Hair Color: (circle one) ~ Brown, ~ Blonde, ~ Black, ~ Red, ~ Gray, ~ Bald