



**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, DO, or PA)*

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:**

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**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 a DWR office.

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

Email: [dwrlicensales@utah.gov](mailto:dwrlicensales@utah.gov)

Phone: (801) 538- 4815

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

<b>DWR USE ONLY</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
<input type="checkbox"/> Need More Information (forward app to SLO)		
Region _____	Date _____	Clerk _____