GARY R. HERBERT
*Governor*

GREG BELL
*Lieutenant Governor*

# State of Utah

**DEPARTMENT OF NATURAL RESOURCES**

MICHAEL R. STYLER
*Executive Director*

**Division of Wildlife Resources**

JAMES F. KARPOWITZ
*Division Director*

To whom it may concern:

As of 1998 under Utah Code Section 23-19-38 enacted by the Legislature, we are able to process a refund for an ill or injured person. Please fill out the attached form in order to qualify for a refund.

**TO QUALIFY, THE PERSON MUST:**

- Completely fill out the form including signature and date, thus verifying the ill or injured person did not participate in the activity for which the license, certificate or permit was obtained.
- Have a physician sign and date the form or attach a statement from the physician on the appropriate letterhead.
- Submit the license, certificate or permit along with the application. The refund will be denied if the division does not **receive** the permit before the season ends for which the permit was issued. However, the application may be submitted separately if more time is needed to obtain the physician signature.
- Mail the completed form and any attachments to the address listed below or submit the application to any division office.

**Attn: Licensing**
**Division of Wildlife Resources**
**1594 West North Temple Suite 2110**
**Box 146301**
**Salt Lake City, Utah 84114-6301**

Revised 2/10

Division of Wildlife Resources
Attn: Licensing
1594 West North Temple, Suite 2110
P.O Box 146301,
Salt Lake City, Utah 84114-6301

# APPLICATION REQUEST FOR AN ILL OR INJURED PERSON

Utah Code Ann., Section 23-19-38, Sales of licenses, certificates, or permits final – Exceptions, states (in part):

The Division may refund the amount of the license, certificate, or permit if:

- the person is not able to participate in a permitted activity due to illness or injury; **and**
- the person furnishes verification of illness or injury from a physician; **and**
- the person does not actually use the license, certificate or permit; **and**
- the license, certificate, or permit is surrendered before the end of the season for which the permit was issued.

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**I HEREBY APPLY FOR A REFUND FOR THE ATTACHED WILDLIFE DOCUMENT IN ACCORDANCE WITH THE ABOVE STIPULATIONS.**

UNDER WHAT INJURY OR ILLNESS DO YOU MAKE THIS CLAIM? _____

License/Certificate/Permit Number:_____ License Code: _____

Customer Identification #_____ or Social Security #_____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

I hereby certify under oath that the above information is true and correct, that I am eligible to obtain a refund for the attached license, certificate, or permit in accordance with Utah Code Ann., Sec. 23-19-38, and that I have not and I am unable to participate in the noted activity due to illness or injury.

**Signature of Applicant** _____ **Date** _____

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## PHYSICIANS STATEMENT

**(Must be completed and signed by physician or attach a physician statement on the appropriate letterhead)**

I hereby certify that the above-named applicant meets the criteria to request a refund for the noted license, certificate, or permit. **The applicant is unable to participate in the activity due to illness or injury.**

**Physician Signature** _____ **Date of Injury** _____

Physician Name (print) _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

**SUBJECT TO VERIFICATION**

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