Utah Division of
Wildlife Resources

Fishing License Application for a Person With a Physical Disability

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 is blind, paraplegic or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or who has lost either or both lower extremities.
2. R657-12-2 defines "crutches" as a staff or support designed to fit under or attach to each arm, including a walker, which improve a permanent physical injury or disability and defines "loss of either or bother lower extremities" as the permanent loss of use or the physical loss of one or both legs or a part of either or both legs which severely impedes a person's mobility.

☐ **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 physician for physical disabilities other than blindness; or by a physician, ophthalmologist, or optometrist for vision disabilities)

I hereby certify the above named applicant meets the criteria of blind, paraplegic, or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or who has lost either or both lower extremities.

1. Is the applicant blind? Yes ☐ No ☐
2. Is the applicant paraplegic or quadriplegic? Yes ☐ No ☐
3. The applicant's physical impairment is permanent? Yes ☐ No ☐
4. The physical impairment permanently confines the applicant to the use of crutches or a wheelchair? Yes ☐ No ☐
5. This physical impairment involves the permanent loss of use of at least one of the applicant's lower extremities? Yes ☐ No ☐

Please explain how the disability satisfies the statutory requirements found above: (attach additional pages if necessary)

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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:
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_____

Revised 02/2019