

**FISHING LICENSE APPLICATION
FOR A PERSON WITH AN
INTELLECTUAL DISABILITY**

(Do not photocopy form)



Utah Code Annotated, Section 23-19-36 provides:

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.

Under Utah Code Annotated, Section 68-3-12.5(11) intellectual disability means:

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.

**Attention: False, inaccurate, or misleading information on this application is a
Criminal offense and violation of Utah Code Title 23 Chapter 19 Section 5**

Customer Identification # _____

Name of Applicant _____ Phone Number _____

Address _____ Utah _____
(Street) (City) (Zip Code)

Date of Birth _____ Gender _____ Weight _____ Height _____

Eye Color _____ Hair Color _____

As the person who prepared this application, I declare under the penalty of perjury that to the best of my knowledge the information provided in this application is true and correct, and that the applicant under all prevailing laws and statutes qualifies to apply for and possess this license.

Applicant Signature Date

PHYSICIAN'S STATEMENT
(Must be completed and signed by a *physician.*)

Please explain how the intellectual disability satisfies the statutory requirement found on this application: (attach additional pages as necessary)

I certify the above named applicant meets the criteria for intellectual disability as defined on page 1.

Dr. Office Use Only:

Physician Signature _____ Date _____

Professional Title _____

Physician Name (print) _____ Telephone Number _____

Affix Office Stamp Here: Address _____

City _____ State _____ Zip _____

Division Use Only:

Applicant meets the qualifications for this COR Y N Need more information

Region _____ Date: _____ Clerk Initials: _____

NOTES: _____

For more information or additional consideration please contact: Brad Vaske (801) 538-4815
1594 West North Temple, Suite 2110, Box 146301 * Salt Lake City, Utah 84114-6301 * (801) 538-4700

Revised 07/2013