



**Applicant Information:**

Customer Identification # \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

**Requirements:**

1. A resident who has a service-connected disability of 20% or more and is not eligible to fish without a license under Section 23-19-14 or to receive a free fishing license under Section 23-19-36 may purchase a discounted 365-day fishing license upon furnishing verification of a service-connected disability and paying the fee established in the approved fee schedule.
2. "Armed Forces" means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof and the Army and Air National Guard of the United States.
3. "Service-connected disability" means injury or illness incurred or aggravated: while in the Armed Forces and is recognized by the United States Department of Veterans Affairs or by a branch of the Armed Forces.
4. "Verification of Service-Connected Disability" means an official written letter, statement, or card issued by the Department of Veterans Affairs or by a branch of the Armed Forces certifying that the person has a service-connected disability with a disability rating of 20% or higher.

**I have included a copy of my official certification letter indicating service connected disability of 20% or greater.**

Yes    No    (applications marked "No" will not be processed)

**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.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

I have included a check or Money Order for \$12.00

I would like a representative to contact me for a credit card payment by phone for \$12.00

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](mailto: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 \_\_\_\_\_