



**SPORT FISHING LICENSES ARE VALID FOR 365 DAYS FROM THE DATE OF PURCHASE.**

A free fishing license is available for any California resident who is so severely physically disabled as to be permanently unable to move from place to place without the aid of an assistive mobility device, pursuant to Section 7151(a)(4) of the California Fish and Game Code.

**Applicant Instructions** - To apply for a free fishing license, certification by a licensed physician is required. The certification letter must be on the physician's letterhead and be signed by the physician. Submit this completed application with the certification letter to the address below.

**Licensed Physician Instructions** - Complete the section indicated below and attach a letter using medical office letterhead stating, "I certify the applicant is so severely physically disabled as to be permanently unable to move from place to place without the aid of [provide the type(s) of mobility assistive device(s) used]."

**You may mail your signed application, certification letter, and a photocopy of your state issued identification to:**

Department of Fish and Wildlife  
License and Revenue Branch  
PO Box 944209  
Sacramento, CA 94244-2090

**OR**

**You may submit the required documents electronically by:** requesting that a secure File Transfer Protocol (FTP) link be emailed to you so that you can upload your signed application, certification letter, and photocopy of your state issued identification to CDFW's secure FTP website. Request a secure FTP link by emailing [LRB@wildlife.ca.gov](mailto:LRB@wildlife.ca.gov).

All applications will be reviewed and eligibility will be verified prior to license issuance. Allow 15 business days for review and processing of your application. Incomplete or unsigned applications will be returned.

**Any license fraudulently obtained will be revoked, and any person committing fraud to obtain this license will be prosecuted.**

You must have your mobility assistive device with you while fishing.

**APPLICANT INFORMATION**

FIRST NAME	M.I.	LAST NAME		GO ID NUMBER (IF KNOWN)	
MAILING ADDRESS		CITY		STATE	ZIP CODE
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	DATE OF BIRTH
METHOD OF RESIDENCY <input type="checkbox"/> I have resided continuously in California for the last six months. <input type="checkbox"/> I am not a resident of California					
DAY TELEPHONE			E-MAIL ADDRESS (Voluntary)		

**APPLICANT CERTIFICATION**

*I certify under penalty of perjury that the information given on this application is true and correct to the best of my knowledge, that I have not been convicted of any Fish and Wildlife violation, and that I am permanently unable to move from place to place without the aid of a mobility assistive device. I hereby authorize the physician below to release verification of my eligibility for this license to the California Department of Fish and Wildlife.*

*Digital Signature Certification (if a digital signature is used): With accordance to [California Civil Code §1633.5\(b\)](#), I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is the legal binding equivalent to a handwriting signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.*

SIGNATURE <b>X</b>	DATE
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**THIS SECTION MUST BE COMPLETED BY A LICENSED PHYSICIAN** (A Nurse Practitioner or Physician's Assistant cannot certify this application in place of a licensed physician.)

NAME AND TITLE OF LICENSED PHYSICIAN

PHYSICIAN'S LICENSE NUMBER

PHYSICIAN'S TELEPHONE NUMBER

PHYSICIAN' BUSINESS ADDRESS

CITY

STATE

ZIP CODE

*By completion of this section and the attached certification letter, I certify under penalty of perjury the following: 1) I have read and understand the Licensed Physician Instructions above, and 2) the applicant is so severely physically disabled as to be permanently unable to move from place to place without the aid of a mobility assistive device.*

*Digital Signature Certification (if a digital signature is used): With accordance to [California Civil Code §1633.5\(b\)](#), I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is the legal binding equivalent to a handwriting signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.*

PHYSICIAN'S SIGNATURE  
**X**