



A free fishing license is available for any person who is severely mobility impaired. To qualify for a Free Mobility-Impaired Person's Sport Fishing License you must be a resident of the State who is so severely physically disabled as to be permanently unable to move from place to place without the aid of a wheelchair, walker, forearm crutches, or a comparable mobility-related device.

**Applicant Instructions** - To apply for a free fishing license, certification by a licensed physician is required (e.g., a letter on physician's letterhead certifying the applicant's mobility impairment, and signed by a licensed physician). Submit this completed application with a certification letter from a licensed physician, to the address below.

**Licensed Physician Instructions** - Complete the section indicated below and attach a letter certifying the applicant is mobility impaired and must use a mobility-related device to move from place to place. In the letter, specify the type of device used. The certification letter must be on your letterhead, contain your original signature, and specify that the applicant meets the eligibility criteria defined above. **Certification must be by a licensed physician and cannot be from a nurse practitioner or physician's assistant.**

**Mail your original signed application, original certification letter, and a photocopy of your state issued identification to:**

DEPARTMENT OF FISH AND WILDLIFE  
 LICENSE AND REVENUE BRANCH  
 1740 NORTH MARKET BLVD.  
 SACRAMENTO, CA 95834

Only original applications and certification letters with original signatures will be accepted. Faxed or photocopied applications or certification letters will not be accepted.

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 assisting device with you while fishing.

APPLICANT INFORMATION					
DMV/STATE ID NUMBER		STATE		GO ID NUMBER (FROM ALDS ISSUED LICENSE)	
FIRST NAME			M.I.	LAST NAME	
MAILING ADDRESS					
CITY				STATE	ZIP CODE
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HAIR COLOR	EYE COLOR	HEIGHT (Ft., In.)	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)		

*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; that I am permanently mobility-impaired; and I am unable to move from place to place without the aid of a mobility-related device. I hereby authorize the physician below to release to California Department of Fish and Wildlife, verification of my eligibility for this license.*

SIGNATURE <b>X</b>	DATE
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THIS SECTION MUST BE COMPLETED BY A LICENSED PHYSICIAN (Cannot be completed by a Nurse Practitioner or Physician's Assistant)	
NAME AND TITLE OF LICENSED PHYSICIAN	PHYSICIAN'S SIGNATURE <b>X</b>
PHYSICIAN'S LICENSE NUMBER	PHYSICIAN'S TELEPHONE NUMBER
PHYSICIAN'S BUSINESS ADDRESS	
CITY	STATE
ZIP CODE	