



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

A free sport fishing license is available for any person with central vision acuity of 20/200 or less in the better eye with the aid of the best possible correcting glasses, or central vision acuity better than 20/200 if the widest diameter of the remaining visual field is no greater than 20 degrees, pursuant to Section 7151(a)(1) of California Fish and Game Code. Certification of blindness by an optometrist or ophthalmologist is required.

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

**Optometrist or Ophthalmologist Instructions** - Complete the section indicated below and attach a letter certifying the applicant's central vision acuity is 20/200 or less in the better eye with the aid of the best possible correcting glasses, or central vision acuity better than 20/200 if the widest diameter of the remaining visual field is no greater than 20 degrees. The certification letter must be on your letterhead, contain your signature, and specify how the applicant meets the eligibility criteria defined above.

**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.**

APPLICANT INFORMATION						
FIRST NAME	M.I.	LAST NAME		GO ID NUMBER (IF KNOWN)		
MAILING ADDRESS						
CITY				STATE	ZIP CODE	
GENDER	HAIR COLOR	EYE COLOR	HEIGHT (ft., in.)	WEIGHT	DATE OF BIRTH	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY						
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	
<p><i>I certify under penalty of perjury that the information 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 meet the qualifications for this license.</i></p> <p><i>Digital Signature Certification (if a digital signature is used): With accordance to <a href="#">California Civil Code §1633.5(b)</a>, 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.</i></p>	
SIGNATURE <b>X</b>	DATE



**THIS SECTION MUST BE FILLED OUT BY AN OPTOMETRIST OR OPHTHALMOLOGIST**

NAME AND TITLE OF CERTIFYING OFFICIAL

LICENSE NUMBER

CERTIFYING OFFICIAL'S TELEPHONE NUMBER

CERTIFYING OFFICIAL'S 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 Optometrist or Ophthalmologist Instructions above, and 2) the applicant's central vision acuity is 20/200 or less in the better eye with the aid of the best possible correcting glasses, or central vision acuity better than 20/200 if the widest diameter of the remaining visual field is no greater than 20 degrees.*

*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.*

CERTIFYING OFFICIAL'S SIGNATURE  
**X**