



A free 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 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 original signature, and specify how the applicant meets the eligibility criteria defined above.

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.

APPLICANT INFORMATION

DMV/STATE ID NUMBER		STATE		GO ID NUMBER (IF KNOWN)	
FIRST NAME			M.I.	LAST NAME	
MAILING ADDRESS					
CITY				STATE	ZIP CODE
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY		HAIR COLOR	EYE COLOR	HEIGHT (Ft., In.)	WEIGHT
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 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.

SIGNATURE X	DATE
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THIS SECTION MUST BE FILLED OUT BY AN OPTOMETRIST OR OPHTHALMOLOGIST

NAME AND TITLE OF CERTIFYING OFFICIAL	CERTIFYING OFFICIAL'S SIGNATURE X
LICENSE NUMBER	CERTIFYING OFFICIAL'S TELEPHONE NUMBER

CERTIFYING OFFICIAL'S ADDRESS

CITY STATE ZIP CODE