



State of California – Department of Fish and Wildlife

FREE SPORT FISHING LICENSE APPLICATION – DEVELOPMENTAL DISABILITY

FG355D (REV. 11/07/2019)

(916) 928-5808

LRB@wildlife.ca.gov

A free fishing license is available for any person who is developmentally disabled, pursuant to Section 7151(a)(3) of California Fish and Game Code. The term developmental disability refers to a severe and chronic disability that is attributable to a mental or physical impairment that begins before an individual reaches adulthood (18 years of age). These disabilities include intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions closely related to intellectual disability or requiring similar treatment. For more information, visit the Department of Developmental Services website at: www.dds.ca.gov/general/info_about_dd.cfm.

Applicant Instructions - To apply for a free fishing license, certification by a licensed physician or the Director of a State Regional Center is required (e.g., a letter on physician's letterhead certifying the applicant's developmental disability, and signed by a licensed physician). Submit this completed application with a certification letter from the Director of a State Regional Center or a licensed physician, to the address below.

Licensed Physician or Director of State Regional Center Instructions - Complete the section indicated below and attach a letter certifying the applicant is developmentally disabled. The certification letter must be on your letterhead, contain your original signature, and state that the applicant meets the eligibility criteria defined above. **Certification must be by a Director of a Regional Center or a licensed physician. Certification 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.

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	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; and that I meet the qualifications for this license. I hereby authorize the Director of a regional center or physician below to release to California Department of Fish and Wildlife, verification of my developmental disability.

SIGNATURE X	DATE
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THIS SECTION MUST BE FILLED OUT BY A LICENSED PHYSICIAN OR STATE REGIONAL CENTER (A Nurse Practitioner or Physician's Assistant cannot certify this application in place of a licensed physician.)

NAME AND TITLE OF CERTIFYING OFFICIAL		
PHYSICIAN LICENSE NUMBER OR NAME OF STATE REGIONAL CENTER	CERTIFYING OFFICIAL'S TELEPHONE NUMBER	
CERTIFYING OFFICIAL'S ADDRESS		
CITY	STATE	ZIP CODE