



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

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED. ALLOW 15 BUSINESS DAYS FOR PROCESSING.**

To qualify for a reduced-fee sport fishing license, you must be a resident of the State who is 65 years of age or older and receive benefits through Supplemental Security Income (SSI) pursuant to Section 12200 of the Welfare and Institutions Code or Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI) pursuant to Chapter 10.3 (commencing with Section 18937) of Part 6 of Division 9 of the Welfare and Institutions Code.

**Submit verification from the Social Security Administration or Department of Social Services confirming you are receiving Supplemental Security Income (SSI) or Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI).**

Please select the appropriate box (based on your eligibility):

- I am 65 years of age or older and receive Supplemental Security Income (SSI) benefits. **(Submit your Benefit Verification Letter, SSA-L8151, SSA-L8155, SSA-L8166, or a similar statement from the Social Security Administration to verify your eligibility for this license.)**
- I am 65 years of age or older and receive benefits through the Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI). **(Submit statement from the Department of Social Services to verify you are receiving CAPI.)**

**APPLICANT INFORMATION**

FIRST NAME	M.I.	LAST NAME	GO ID NUMBER (IF KNOWN)
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MAILING ADDRESS

CITY	STATE	ZIP CODE
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GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY	HAIR COLOR	EYE COLOR	HEIGHT (Ft., In.)	WEIGHT	DATE OF BIRTH
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METHOD OF RESIDENCY

<input type="checkbox"/> I have resided continuously in California for the last six months.	<input type="checkbox"/> I am a Job Corps enrollee.
<input type="checkbox"/> I am currently on active duty with the U.S. Armed Services.	<input type="checkbox"/> I am not a resident of California.

DAY TELEPHONE (    )	E-MAIL ADDRESS
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**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 Game violation; and that I meet all of the eligibility criteria for this license.*

*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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