This application is for first time applicants. Complete this application and submit it to a Department of Fish and Wildlife office.

1) APPLICANT INFORMATION								
DMV/STATE ID NUMBER		STATE		GO ID NUMBER (FROM ALDS ISSUED LICENSE)				SE)
FIRST NAME		M.I.		LAST NAME				
MAILING ADDRESS								
CITY						STATE		ZIP CODE
SEX MALE FEMALE	HAIR COLOR	IR COLOR EYE COLOR		HEIGHT (Ft., In.)		WEIGHT		DATE OF BIRTH
METHOD OF RESIDENCY								
☐ I have resided continuously in California for the last six months. ☐ I am a Job Corps enrollee ☐ I am now on active duty with the U.S. Armed Services. ☐ 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 all of the eligibility criteria for this license.								
SIGNATURE X								DATE
2) TO BE COMPLETED BY A PHYSICIAN OR DIRECTOR OF A STATE REGIONAL CENTER								
Physician/Director - Complete this section only if you certify under penalty of perjury that the applicant meets one of the eligibility requirements listed below. Check the appropriate box and complete your certification below.								
A. Blind: 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. Certification of blindness by an optometrist or ophthalmologist is required.								
Type of C. Development to a mental or p include intellect disability or red Certification by a By signing this application Fishing License as specification	mobility impair ally Disabled: Thysical impairm ual disability, of uiring similar the licensed physician, I certify under lied on this application.	ment: The term development that beging reatment. From or the director penalty of placetion.	Ampute elopmental hs before a y, epileps for more etor of a Sta	ee I disability an individu y, autism, informatio ate regiona at the appla	refers to lal reach and di n, visit I center is	Walker/Crutches o a severe and chro nes adulthood (18 yr isabling conditions http://www.dds.ca.cg s required below. eets the eligibility qu	nic disa ears of closely gov/ger	•
(The Department may contact you to verify that you certified this					,			
SIGNATURE OF CERTIFYING X	OFFICIAL							DATE
NAME AND TITLE OF CERTIF	YING OFFICIAL							_
PHYSICIAN LICENSE NUMBER OR NAME OF STATE REGIONAL CENTER CERTIFYING OFFICIAL'S TELEPHONE NUMBER								
CERTIFYING OFFICIAL'S ADI	DRESS							
CITY STATE ZIP CODE								
3) SELECT ADDITIONAL I	TEMS YOU WIS	H TO PURCH	IASE AND	SUBMIT F	PAYMEN	IT:		
□ ABALONE REPORT CARD – \$21.12 □ OCEAN ENHANCEMENT VALIDATION – \$4.89 □ NORTH COAST SALMON REPORT CARD – \$5.92 □ STEELHEAD REPORT CARD – \$6.70 □ SPINY LOBSTER REPORT CARD – \$9.01 □ STURGEON FISHING REPORT CARD – \$7.73 Fees include 3% license buyer surcharge.								
Indicate type of payment:								
*Make checks or money orders payable to California Department of Fish and Wildlife (Please do not send cash)								
CARD #: _ EXPIRATION DATE (MM/YY): /								
CVC Number (On back of credit card) I authorize CDFW to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the								
issuing bank cardholder agreed PRINT NAME: (As it appears of	ment.		SIGNATUR			, , , , , , , , , , , , , , , , , , ,		DATE: (MM/DD/YYYY)

YOU MUST INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR DMV/ID WITH THIS APPLICATION.

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

SUBMIT APPLICATION, INCOME VERIFICATION OR ELIGIBILITY DOCUMENTATION AND PAYMENT TO A DEPARTMENT OF FISH AND WILDLIFE OFFICE LISTED BELOW.

CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE OFFICES

EUREKA - 619 Second Street, Eureka, CA 95501 (707) 445-6493

FRESNO - 1234 E. Shaw Avenue, Fresno, CA 93710 (559) 243-4005

LOS ALAMITOS - 4665 Lampson Avenue, Suite C, Los Alamitos, CA 90720 (562) 342-7100

MONTEREY - 20 Lower Ragsdale Drive, Suite 100, Monterey, CA 93940 (831) 649-2870

NAPA - 7329 Silverado Trail, Napa, CA 94558 (707) 944-5500

RANCHO CORDOVA - 1701 Nimbus Road, Rancho Cordova, CA 95670 (916) 358-2900

REDDING - 601 Locust Street, Redding, CA 96001 (530) 225-2300

SACRAMENTO - License and Revenue Branch, 1740 N. Market Blvd., Sacramento, CA 95834 (916) 928-5805

SAN DIEGO - 3883 Ruffin Road, San Diego, CA 92123 (858) 467-4201

STOCKTON - 2109 Arch Airport Road, Suite 100, Stockton, CA 95206 (209) 234-3420