



State of California – Department of Fish and Wildlife  
**2015 FREE LOW INCOME NATIVE AMERICAN SPORT FISHING LICENSE APPLICATION**  
 FG371 (REV. 11/17/14)

A free sport fishing license may also be used to enter designated wildlife areas.

Free licenses are available only to Native Americans and their lineal descendants who:

1. Have resided continuously in California for the last six months;
2. Have never been convicted of a violation of the Fish and Game Code; and
3. Have a total household income which does not exceed \$11,670 for head of household, plus \$4,060 for each additional family member living in the household.

Licenses will not be issued to applicants whose applications have not been completely filled out, or whose tribal affiliation has not been verified by a tribal registry or the Bureau of Indian Affairs. You may renew your free license by sending this application and previous free license directly to the California Department of Fish and Wildlife. Re-verification of tribal affiliation is not required when submitting application with previous free license. In this case, complete sections I, III and IV only.

**I. APPLICATION INFORMATION**

|  |            |           |   |               |               |
|--|------------|-----------|---|---------------|---------------|
| DMV/STATE ID NUMBER  |            | STATE     | GO ID NUMBER (FROM ALDS ISSUED LICENSE) |               |               |
| FIRST NAME   | M.I.       | LAST NAME |   | MAIDEN NAME   |               |
| MAILING ADDRESS  |            |           |   |               |               |
| CITY   |            | STATE     | ZIP CODE                                | DAY TELEPHONE |               |
| SEX<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | HAIR COLOR | EYE COLOR | HEIGHT (Ft., In.)                       | WEIGHT        | DATE OF BIRTH |

**II. BUREAU OF INDIAN AFFAIRS VERIFICATION**

Submit this application to the superintendent of the appropriate Bureau of Indian Affairs Office (see reverse) or provide proof (copy of tribal roll card, etc.) of the tribal affiliation for you or your ancestor through whom you are claiming eligibility.

If enrolled with a tribe or band, give the name of the tribe or band, and your latest roll number:

|                       |             |
|-----------------------|-------------|
| NAME OF TRIBE OR BAND | ROLL NUMBER |
|-----------------------|-------------|

If not enrolled, give name, date of birth, tribal affiliation and roll number of ancestor through whom you are claiming eligibility:

|                    |      |             |               |
|--------------------|------|-------------|---------------|
| FIRST NAME         | M.I. | LAST NAME   | DATE OF BIRTH |
| TRIBAL AFFILIATION |      | ROLL NUMBER |               |

**COUNTY OF RESIDENCE:**

Bureau of Indian affairs  
 South California Agency  
 1451 Research Park Dr., Suite 100  
 Riverside, CA 92507

San Bernardino, Riverside, San Diego, Santa Barbara,  
 Los Angeles, Ventura, Orange, or Imperial

Bureau of Indian affairs  
 Northern California Agency  
 364 Knollcrest Drive, Suite 105  
 Redding, CA 96002-0175

Del Norte, Shasta, Siskiyou, Humboldt, or Trinity

Bureau of Indian affairs  
 Central California Agency  
 650 Capital Mall, Suite 8-500  
 Sacramento, CA 95814

All other counties

