



For Internal Use Only

CUSTOMER ID

FREE FISHING LICENSE APPLICATION MOBILITY IMPAIRED & RESIDENTS OF INSTITUTION

License Fulfillment: It is illegal to fish without possessing the required license. See the current fishing regulations brochure for more information. If your application is approved, you will receive detailed instructions on how to obtain your license. Free hunting licenses are available to disabled veterans only.

For more information, call 1-800-WILDLIFE (1-800-945-3543)

APPLICANT INFORMATION - ALL FIELDS REQUIRED

CUSTOMER ID No.	FIRST NAME	MI.	LAST NAME
STREET ADDRESS (include apt., suite, and/or P.O. box)			TELEPHONE No. (include area code)
CITY	STATE	ZIP CODE	DATE OF BIRTH
XXXX - XX -	SOCIAL SECURITY No. (last 4 digits only)		EMAIL

If you are applying as a resident of a state, county, or charitable institution or a military home in the State of Ohio, please skip to Section 2 on the reverse side.

SECTION 1: Eligibility Requirements (Ohio Revised Code Section 1533.12)

Please check one: I am mobility impaired. See definition under Section 1A (below).
 I am a blind person as defined in Section 1A (below).

In order to qualify for a free fishing license under "mobility impaired" or "blind person" exemption, all applicants must be able to answer "yes" to statements #1 and #2 below (please answer yes or no):

- I have resided in the state of Ohio for the last six consecutive months Yes - No
- I am unable to engage in fishing without the assistance of another person. Yes - No
If you answered "no" to statement #1 or statement #2, you do not qualify for free fishing license.

Applicants must also meet one or both of the following eligibility requirements:

- I am unable to bait a hook without the assistance of another person. Yes - No
- I am unable to cast and/or retrieve a fishing line without the assistance of another person. Yes - No

Applicant Signature – I swear that the information provided on this application is true

SECTION 1A : Physician / Optometrist Certification (to be completed by physician or optometrist)

Physicians/Optometrists may call 1-800-945-3543 with questions.

I certify below that I have examined the applicant named above. I further certify that the patient is (check one):

- Mobility Impaired means: applicant is subject to a physiological defect or deficiency that renders the person unable to move about without the aid of crutches, a wheelchair or any other form of support, or that limits the person's functional ability to ambulate, climb, descend, sit, rise, or to perform related function (Section 955.011 Ohio Revised Code).
- Blind and requires assistance to fish, meaning either: (A) 20/200 or less in the better eye with proper correction (B) Field defect in the better eye with proper correction which contracts the peripheral field so that the diameter of the visual field subtends an angle no greater than 20 degrees (Section 955.011 Ohio Revised Code).

NAME of PHYSICIAN (printed)

MEDICAL LICENSE No.

DATE SIGNED

SIGNATURE of PHYSICIAN

PHYSICIAN TELEPHONE No. (include area code)

PHYSICIAN FAX No. (include area code)

STREET ADDRESS (include suite and/or P.O. box)

CITY

STATE

ZIP CODE

OVER

SECTION 2: Eligibility Requirement: Institution Residents - Check Yes or No

I am a resident of a state or county institution, charitable institution, or military home in the State of Ohio Yes - No

I have resided in the state of Ohio for the last six consecutive months Yes - No

If you answered “No” to either statement, you are not eligible to receive a free fishing license under this exemption.
See Ohio Revised Code 1533.12.

If you answered “Yes” to both statements, you are eligible to receive a free fishing license pending satisfactory completion of Section 2A below.

Applicant Signature – I swear that the information provided on this application is true

SECTION 2A: Residential Facility Information - must be completed by facility manager or representative:

NAME OF RESIDENTIAL FACILITY			
ADDRESS OF RESIDENTIAL FACILITY (include suite and/or P.O. box)			FACILITY TELEPHONE No. (include area code)
CITY	STATE	ZIP CODE	DATE OF BIRTH
EXPECTED LENGTH OF STAY	EMAIL OF FACILITY MANAGER		
PLEASE CHECK ONE: <input type="checkbox"/> State of County Institution <input type="checkbox"/> Charitable Institution <input type="checkbox"/> Military Home			

Signature of residential facility Manager

Printed Name of Residential Facility Manager

Incomplete applications will not be accepted.

Email completed forms to: WildlifeVAapplications@dnr.ohio.gov