



IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section
502 East 9th Street, Des Moines, IA 50319-0034
(515) 725-8200 www.iowadnr.gov

Table with 4 columns: DNR #, Code #, Issued By, Date Issued. Code # is 836.

APPLICATION FOR FREE ANNUAL RESIDENT DISABLED FISHING LICENSE
For Persons 16+ Years of Age with Severe Mental or Physical Disabilities

If completing online, please use the "TAB" key to navigate your way through this form. Do not press Enter.

APPLICANT INFORMATION:

Full Name: Phone #: Address: City/State/Zip: Email: *Social Security # or Valid Iowa Driver's License #: Birth Date: Gender: Eye Color: Height: Weight: Hair Color:

*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining a hunting, fishing or other recreational license under section 252J.8 of the Code of Iowa and 42 US Code 666(a)(13). Your social security number will serve as your principal identification number to determine your eligibility for licenses.

Section 1: ELIGIBILITY REQUIREMENTS & APPLICANT CHECKLIST

To qualify for a free annual resident disabled fishing license, you must meet all the following requirements. Additional eligibility information can be seen under Section 3 of this form.

- I am 16 years of age or older
I am severely mentally or physically disabled
I require the full-time assistance of another person to maintain a safe presence in the outdoors or am dependent on a wheelchair for my normal life routine
My physician has completed Section 4 of this application
My physician has completed a medical statement and I am including it with this application
I have completed Section 2 of this application
I have signed this completed application or my power of attorney has signed this completed application

SECTION 2: APPLICANT ACKNOWLEDGEMENT

You MUST MARK next to each of the following statements as acknowledgement of your understanding:

- I understand that the free annual fishing license will be issued by the Iowa Department of Natural Resources upon verification of eligibility. The license issued under this rule will be valid until January 10th of the subsequent year. I must provide proof of eligibility each year in order to obtain a new license.
I understand persons fishing with this license will need to purchase a Trout Fee if fishing for or possessing trout.
I understand that providing false information on this application will render my license invalid and that I may be subject to fines and imprisonment for making a false entry in a public record in violation of Iowa Code 714.8(4), and for hunting, fishing, or trapping without a valid license in violation of Iowa Code 483A.
I understand that my license application WILL NOT be processed over-the-counter at a DNR office location and that a minimum of 2 weeks may be required for verification purposes. Upon verification of license eligibility, I understand that my license will be mailed to the address listed on this application.

To process your license request, please provide your completed application (signed, initialed and dated) and your attending physician's medical statement to any of the Iowa Department of Natural Resources offices below.

Applicant Signature

Date

Section 3: IOWA ADMINISTRATIVE CODE, CHAPTER 571-15.24 (483A)

571--15.8(483A) Free annual fishing license for persons who have permanent severe physical or mental disabilities.

15.8(1) Purpose. Pursuant to Iowa Code subsection 483A.24(9), the Department of Natural Resources will issue a free annual fishing license to Iowa residents 16 or more years of age who have severe mental or physical disabilities who meet the definitions of "Severe mental disability" and "Severe physical disability" in 15.24(2).

15.8(2) Definitions. For the purpose of this rule, the following definitions apply:

"Severe mental disability" means a person who has severe, chronic conditions in all of the following areas which:

1. Are attributable to a mental impairment or combination of mental and physical impairments;
2. Result in substantial functional limitations in three or more of the following areas of major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency;
3. Reflect the person's need for a combination and sequence of services that are individually planned and coordinated; **AND**
4. Requires the **full-time assistance of another person** to maintain a safe presence in the outdoors.

"Severe physical disability" means a disability that limits or impairs the person's mobility or use of a hand or arm **AND** that requires the **full-time assistance of another person** or that makes the person dependant on a wheelchair for the person's normal life routine.

Section 4: PHYSICIAN CERTIFICATION (must be current attending physician of applicant)

Full Name: _____ **Phone #:** _____

Address: _____ **City/State/Zip:** _____


I, _____ do hereby certify that I am the attending physician for the above named applicant and declare that said applicant is severely mentally or physically disabled as defined in Iowa Administrative Code, Chapter 571-15.24 (483A), which is found in Section 3 of the application.

I have included a statement on my 8 ½ x 11 sized letterhead stating whether or not the above applicant **requires full-time assistance of another person to maintain a safe presence in the outdoors or is dependent on a wheelchair for the person's normal life routine.** (Applicant must submit this statement along with the application in order to qualify.)

Attending Physician's Signature

Date

IOWA DNR LOCATIONS:

<p>NW Regional Office Spirit Lake Fish Hatchery 122 252nd Ave Spirit Lake, IA 51360 Phone: (712) 336-1840</p>	<p>NE Regional Office Manchester Fish Hatchery 22693 205th Ave Manchester, IA 52057 Phone: (563) 927-3276</p>		<p>DNR Central Office 502 E 9th St Des Moines, IA 50319 Phone: (515) 725-8200</p>	<p>SW Regional Office Cold Springs State Park 57744 Lewis Rd Lewis, IA 51544-5103 Phone: (712) 769-2587</p>
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(Please allow a minimum of two weeks to process mailed applications)