



A free fishing license is available for any California resident who is so severely physically disabled as to be permanently unable to move from place to place without the aid of an assistive mobility device, pursuant to Section 7151(a)(4) of the California Fish and Game Code.

Applicant Instructions - To apply for a free fishing license, certification by a licensed physician is required. The certification letter must be on the physician's letterhead and be signed by the physician. Submit this completed application with the certification letter to the address below.

Licensed Physician Instructions - Complete the section indicated below and attach a letter using medical office letterhead stating, "I certify the applicant is so severely physically disabled as to be permanently unable to move from place to place without the aid of [provide the type(s) of mobility assistive device(s) used]."

Mail your original signed application, original certification letter, and a photocopy of your state issued identification to:

DEPARTMENT OF FISH AND WILDLIFE
 LICENSE AND REVENUE BRANCH
 PO BOX 944209
 SACRAMENTO, CA 94244-2090

Only original applications and certification letters with original signatures will be accepted. Faxed or photocopied applications or certification letters will not be accepted.

All applications will be reviewed and eligibility will be verified prior to license issuance. Allow 15 business days for review and processing of your application. Incomplete or unsigned applications will be returned.

Any license fraudulently obtained will be revoked, and any person committing fraud to obtain this license will be prosecuted.

You must have your mobility assistive device with you while fishing.

APPLICANT INFORMATION

DMV/STATE ID NUMBER		STATE		GO ID NUMBER (IF KNOWN)			
FIRST NAME			M.I.	LAST NAME			
MAILING ADDRESS			CITY		STATE	ZIP CODE	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY		HAIR COLOR	EYE COLOR	HEIGHT (Ft., In.)	WEIGHT	DATE OF BIRTH	
METHOD OF RESIDENCY <input type="checkbox"/> I have resided continuously in California for the last six months. <input type="checkbox"/> 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 am permanently unable to move from place to place without the aid of a mobility assistive device. I hereby authorize the physician below to release verification of my eligibility for this license to the California Department of Fish and Wildlife.

SIGNATURE X	DATE
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THIS SECTION MUST BE COMPLETED BY A LICENSED PHYSICIAN (Cannot be completed by a Nurse Practitioner or Physician's Assistant)

By completion of this section and the attached certification letter, I certify under penalty of perjury the following: 1) I have read and understand the Licensed Physician Instructions above, and 2) the applicant is so severely physically disabled as to be permanently unable to move from place to place without the aid of a mobility assistive device.

NAME AND TITLE OF LICENSED PHYSICIAN		PHYSICIAN'S SIGNATURE X	
PHYSICIAN'S LICENSE NUMBER		PHYSICIAN'S TELEPHONE NUMBER	
PHYSICIAN'S BUSINESS ADDRESS		CITY	STATE
			ZIP CODE

**ANY LICENSE FRAUDULENTLY OBTAINED WILL BE REVOKED,
 AND ANY PERSON COMMITTING FRAUD TO OBTAIN THIS LICENSE WILL BE PROSECUTED.**