



APPLICATION FOR DISABLED ANGLER ASSISTANCE PERMIT

DEPARTMENT OF GAME, FISH & PARKS
20641 SD HWY 1806
Ft. PIERRE, SOUTH DAKOTA 57532
PHONE: 605-223-7665
FAX: 605-223-7686 or 605-223-7717

PLEASE PRINT OR TYPE ALL RESPONSES

New and temporary applicants must have **PART C** of the application form completed and signed by a licensed physician or licensed chiropractor, verifying the applicant's medical condition or disability.

PART A: Name of person with qualifying disability:

Applicant's Name (First, MI, Last) _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Driver's License or ID Card # and State Issued _____

Phone Number _____ Last 4 Numbers of Social Security Number XXX-XX _____

Email _____

PART B: Type of permit applying for: (Check the Applicable Box)

- New Disabled Angler Assistance Permit**
- Renewal Disabled Angler Assistance Permit -** (Permits are renewable 60 days prior to expiration.)

Previous Permit Number _____ Previous Expiration Date _____

- Temporary Disabled Angler Assistance Permit**

New and temporary Disabled Angler Assistance applications require a statement signed by a physician's or chiropractor (Part C). The statement must describe the nature of the injury or disability in laymen terms and expected recovery date (if applicable).

Temporary permits may be issued for a maximum of 1 year. Expiration of a temporary Disabled Angler Assistance permit is contingent on physician expected date of recovery. Temporary permits may be renewed but will require Part C of the application to be completed and signed by a licensed physician or licensed chiropractor, verifying the applicant's medical condition or disability.

Limitations and Conditions of permit:

A Disabled Angler Assistance Permit is available to a person with a valid fishing license, or who is exempt from licensing requirements, who has a physical or developmental disability that prevents them from being able to perform any of the activities associated with fishing. The permit allows another person to assist the permitted individual while fishing, in accordance with existing regulations, and without the need to possess a valid fishing license.

- The disabled person must be in the immediate physical presence of the angler providing the assistance during the fishing activity/event.
- Fish legally taken by an assisting angler on behalf of a permitted disabled person does not count towards the assisting angler's daily bag and possession limit.
- The disabled person must have the permit in possession while accompanying the angler providing the assistance to be valid. The all parties must comply with all other applicable laws and department regulations while fishing.
- The Disabled Angler Assistance Permit is nontransferable.
- New and temporary angler assistance permit applicants must have Part C of the application form completed and signed by a licensed physician or licensed chiropractor, verifying the applicant's medical condition or disability.

APPLICATION INSTRUCTIONS: I hereby request issuance of a Disabled Angler Assistance permit be issued in the name of the applicant. I certify that the above information is accurate and by signing this application, I certify that I have read and understand the limitations and conditions pertaining to this Disabled Angler Assistance Permit application. I further understand that submitting a false or fraudulent application subjects me to criminal prosecution. I also grant permission to my physician to supply the requested information on this application.

APPLICANT: _____ DATE ____ / ____ / ____

PART C: To be completed by applicant's Physician or Chiropractor

Applicant's disability is permanent. (Permit must be renewed every four years but does not require physician certification upon renewal.)

Applicant's disability is temporary - Expected date of Recovery ____ / ____ / ____

Physician or Chiropractor: Use the space below to describe, in laymen terms, the disability or injury that prevents them from being able to perform any of the activities associated with fishing.

*** THE DISABILITY / INJURY DESCRIPTION BELOW MUST BE COMPLETED IN ORDER TO OBTAIN A PERMIT**

Physician's Statement: Under punishment of perjury, in my opinion the applicant meets one of the above conditions listed under ARSD 41:09:12:08 and entitles the applicant to receive a Disabled Angler Assistance permit as provided under SDCL 41-12-5.

Physician's Signature _____ (Print) _____

Address (Street, or Box Number)

City

State

Zip

(____) _____ - _____
Area Code and Phone Number

____ / ____ / ____
Date

(____) _____ - _____
Fax Number