RESIDENTS WITH TOTAL DISABILITY

Application For

REDUCED FEE HUNTING & FISHING LICENSE

Eligibility: The applicant must be a resident of South Dakota who is:

- a paraplegic or is physically unable to walk;
- or has a visual acuity of 20/200 or less in the better eye with correcting lenses or has a limited field of vision such that the widest diameter subtends an angular distance of no greater than 20 degrees;
- or is developmentally disabled.

Submission: Application papers, along with the \$10.00 fee, must be submitted to:

Game, Fish and Parks Disability License 20641 SD Hwy 1806 Ft. Pierre, SD 57532

Upon completion of this form and with the attached proof of eligibility, South Dakota residents will receive a \$10 reduced fee license valid for four license years. For those who are physically unable to walk or legally blind, this license will be valid for small game hunting and fishing.

For those who are developmentally disabled, this license will be valid for fishing only.

(This sec	ction to be	completed by	applicant or app	olicant's legal g	uardian)	
Please Pr	rint:	☐ I am a Sout	h Dakota Resident	t		
1. Name:	·					
	Last		First	Middle Initial		
2. Addres	SS:Street	, Box Number, Rural	Pouto	City	State	(Zip +4)
2 Social 9						` ' '
s. Social c	Security Muri	nber (last four on	iy)	Phone Number	1. () _	-
4. Height:	Feet:	_ Inches:	Weight:	Date of Birth (N	MDY):	//
5. Are your hunting/fishing privileges under revocation or suspension in any state or country?						
YES [NO	(Check one) If	yes, you are not e	ligible.		
6.	and all infor I am applyir currently re- fishing privi privilege in result in crir and medica	mation herein is ng. I affirm that myoked or suspendeges are revoke this state, and I uminal prosecutional staff to share a	ny hunting privilege ded in any state or d or suspended in understand that any	affirm that I am e is and my fishing country. I unders any state or coun y misrepresentation ges. I also agree e medical history	ligible for the privileges and that introduced in the stand that introduced in the standard in	ne license in which are not in any way f my hunting, or at eligible for that or identity may ze my physician(s)
	Applicant	or Applicant's Cuars	lion Cignoturo	_	/	_/

This section to be completed by a licensed medical professional listed below

Certification by currently licensed medical, osteopathic or chiropractic doctor for those who are physically unable to walk; optometrist or ophthalmologist for those who are legally blind; medical doctor or letter from the Department of Social Services for those with developmental disabilities. If you are sending a letter from the Department of Social Services verifying a developmental disability with your application, you do not need this section filled out.

Physician's Statement: Under penalty of perjury, I hereby certify that the above named applicant has (please check all that apply):

approant has (please shock an that apply).						
SMALL GAME AND FISHING:						
paralysis of the lower half of the body including both legs; OR						
a total absence of voluntary muscle control that allows the applicant to walk; OR						
a visual acuity of 20/200 or less in the better eye with corrective lenses or has a limited field of vision such that the widest diameter subtends an angular distance of no greater than 20 degrees.						
FISHING ONLY:						
$\ \ \ \ \ \ \ \ \ \ \ \ \ $						
 Is attributable to a mental or physical impairment or combination of mental and physical impairments; <u>and</u> 						
2. Is manifested before the person attains age twenty-two; and						
3. Is likely to continue indefinitely; and						
 Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; <u>and</u> 						
 Reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration. 						
SIGNATURE (PRINT) (Currently licensed medical, osteopathic or chiropractic doctor; or optometrist or ophthalmologist)						
Address City State Zip						
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