



**CERTIFICATION OF PERMANENT DISABILITY  
(Resident Disabled Licenses only)**

Before completing this form, please read Idaho Code 36-406(g) and Commission Regulations IDAPA 13.01.04.302 and 13.01.04.010.02, 13.01.04.010.04, and 13.01.01.010.08 printed on the reverse side.

Please complete, sign and return this form along with \$5.00 issuance fee to any Department office listed on the reverse side of this form for issuance of a disabled combination or fishing license. Please type or print legibly. A DOCTOR, P.A., or N.P.'S CERTIFICATION ON THIS FORM IS REQUIRED.

I, \_\_\_\_\_  
*Name - First, Initial and Last*

\_\_\_\_\_  
*Complete Address - Street, Box and Rural Route Number*

\_\_\_\_\_  
*City State Zip Code Telephone No.*

\_\_\_\_\_  
*Gender Birthdate*

\_\_\_\_\_  
*Social Security No. (Required By Law)*

\_\_\_\_\_  
*Current Year's Hunting License Number*

\_\_\_\_\_  
*Driver's License No. DL Issue Date*

hereby make application for an Idaho Resident Disabled Combination hunting and fishing or a Disabled Fishing license. I affirm that I am capable of holding and firing, without assistance from other persons, legal firearms or archery equipment; that I have read Idaho Code 38-1101(a) and IDAPA 13.01.04.303 and 13.01.04.010.10; and that I qualify for this permit.

Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

**ANY PERSON WILLFULLY MAKING FALSE STATEMENTS IN THIS FORM SHALL BE GUILTY OF A CRIMINAL MISDEMEANOR AND THE LICENSE ISSUED TO SUCH APPLICANT SHALL BE VOID AND OF NO EFFECT FROM ITS DATE OF ISSUANCE.**

**DOCTOR/P.A./N.P. CERTIFICATION**

I do hereby certify that the above named applicant is handicapped as checked below and defined in Idaho Code 36-406(g) and Commission Regulations IDAPA 13.01.04.302 and

13.01.04.010.02, 13.01.04.010.04, and 13.01.01.010.08 printed on the reverse side; and that I am a physician, physician's assistant, or nurse practitioner licensed to practice in the United States or Canada. Patient has lost or lost the use of one (1) or both lower extremities or both hands, or is unable to walk two hundred (200) feet or more unassisted by another person, or is unable to walk two hundred (200) feet or more without the aid of a walker, cane, crutches, braces, prosthetic device, or a wheelchair, or is unable to walk two hundred (200) feet or more without great difficulty or discomfort due to the following impairments – neurological, orthopedic, respiratory, cardiac, arthritic disorder, blindness, or the loss or absence of a limb, has visual loss or impairment with correcting lens that does not exceed twenty/two hundred (20/200) in the better eye, or whose vision in the better eye is restricted to a field which subtends an angle of not greater than twenty (20) degrees. The above mentioned applicants medically determined physical impairment has no expectation for a fundamental or marked change at any time in the future.

\_\_\_\_\_  
*Doctor, P.A., or N.P.'s Name - (Type or Print Legibly)*

\_\_\_\_\_  
*City State*

\_\_\_\_\_  
*Physician, P.A., or N.P.'s Signature*

**PHYSICIANS, PHYSICIAN'S ASSISTANT, OR NURSE PRACTITIONER NOT LICENSED TO PRACTICE IN IDAHO MUST SEND A PHOTOCOPY OF THEIR MEDICAL LICENSE OR HAVE THEIR SIGNATURE NOTARIZED BELOW.**

On this day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public for the state of \_\_\_\_\_, residing in \_\_\_\_\_ county, personally appeared known to me to be the person whose name is subscribed to the within instrument, and acknowledge to me that \_\_\_\_\_ executed the same. IN WITNESS WHEREOF, I have here unto set my hand and affixed my official seal the date and year first hereinabove written:

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**ANY PERSON WILLFULLY MAKING FALSE STATEMENTS IN THIS FORM SHALL BE GUILTY OF A CRIMINAL MISDEMEANOR AND THE LICENSE ISSUED TO SUCH APPLICANT SHALL BE VOID AND OF NO EFFECT FROM ITS DATE OF ISSUANCE.**

This Portion to be Completed by Issuing Fish and Game Office

Number of Permit \_\_\_\_\_ Issued by \_\_\_\_\_  
Vendor Number \_\_\_\_\_ Date \_\_\_\_\_

## IDAHO CODE 36-406(g)

### (g) Disabled Persons Licenses -- Combination -- Fishing.

A license of the first class may be had by any resident disabled person on payment of a fee as specified in section 36-416, Idaho Code, for a combined fishing and hunting license, and a fee as specified in section 36-416, Idaho Code, for a fishing license, entitling the purchaser to the same privileges as the corresponding license of the first class provides. A disabled person means a person who is deemed disabled one (1) or more, but not necessarily all, of the following: the railroad retirement board pursuant to title 45 of the United States Code, or certified as eligible for federal supplemental security income (SSI); or social security disability income (SSDI); or a nonservice-connected veterans pension; or a service-connected veterans disability benefit with forty percent (40%) or more disability; or certified as permanently disabled by a physician. Once determination of permanent disability has been made with the Department, the determination shall remain on file within the electronic filing system and the license holder shall not be required to present a physician's determination each year or prove their disability each year.

### IDAPA 13.01.04.010.02

**Blind Person.** A blind person is one who has a medically documented loss or impairment of his or her vision and includes any person whose visual acuity with correcting lens does not exceed twenty/two hundred (20/200) in the better eye, or whose vision in the better eye is restricted to a field which subtends an angle of not greater than twenty (20) degrees.

### IDAPA 13.01.04.010.04

**Disabled.** A person is disabled if they are deemed disabled by one or more, but not necessarily all of the following: the railroad retirement board pursuant to title 45 of the United States Code, or certified as eligible for federal supplemental security income (SSI); or social security disability income (SSDI); or a nonservice-connected veterans pension; or a service-connected veterans disability benefit with forty percent (40%) or more disability; or if a physician has certified any of the following – that a person has lost the use of one (1) or both lower extremities or both hands, or is unable to walk two hundred (200) feet or more unassisted by another person, or is unable to walk two hundred (200) feet or more without the aid of a walker, cane, crutches, braces, prosthetic device or a wheelchair, or is unable to walk two hundred (200) feet or more without great difficulty or discomfort due to the following impairments - neurological, orthopedic, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb.

### IDAPA 13.01.04.010.08

**Permanent Disability.** Permanent disability is defined as a medically determinable physical impairment, which a physician has certified that the condition has no expectation for a fundamental or marked change at any time in the future.

### AND 13.01.04.302

### DISABILITY LICENSES (DISABLED COMBINATION HUNTING/ FISHING, DISABLED FISHING, DISABLED AMERICAN VETERANS COMBINATION HUNTING AND FISHING LICENSE AND DISABLED AMERICAN VETERANS FISHING LICENSE)

01. Applicants for Disability Licenses must attest to the disability requirements. It is a violation for any person to misrepresent any information to obtain a disability license.

02. Required Documentation must be submitted in person or by mail to the Department of Fish and Game set forth in 13.01.04.005. Applications must be supported by the documentation noted in 13.01.04.302.02.b as follows.

b. License buyer must initially present to an Idaho Fish and Game office a form, prescribed by the Department, showing physician certification of permanent disability, defined in 13.01.04.010.02, 13.01.04.010.04 and 13.01.04.010.08 or an individual may present their valid Idaho driver's license in lieu of the prescribed department form if the individual meets the disability requirements of Section 49-117(7)(b), Idaho Code, and the driver's license is appropriately marked as disabled. Physician certification will not be required for subsequent disability license application.

c. Individuals using the department form for a physician's permanent disability certification must complete and sign the application form. Each application submitted on the department form shall be accompanied by certification from the applicant's physician, physician assistant, or nurse practitioner stating which of the criteria set forth in 13.01.04.010.02, 13.01.04.010.04 and 13.01.04.010.08 qualifies the applicant and why. If the physician, physician assistant, or nurse practitioner is not licensed to practice in Idaho, a photo copy of the physician, physician assistant, or nurse practitioner's medical license must accompany the application.

---

## IDAHO DEPARTMENT OF FISH AND GAME HEADQUARTERS OFFICE - LICENSING SECTION

**Calvin L. Groen, Director**  
1075 Park Blvd.  
P.O. Box 25  
Boise, ID 83707  
Phone (208) 334-3700

### PANHANDLE REGION OFFICE

2885 W. Kathleen Ave.  
Coeur d'Alene, ID 83815  
Phone (208) 769-1414

### CLEARWATER REGION OFFICE

3316 16th Ave.  
Lewiston, ID 83501  
Phone (208) 799-5010

### SOUTHWEST REGION OFFICE

3101 S. Powerline Rd.  
Nampa, ID 83686  
Phone (208) 465-8465

### McCALL SUBREGION OFFICE

555 Deinhard Lane  
McCall, ID 83638  
Phone (208) 634-8137

### MAGIC VALLEY REGION OFFICE

319 South 417 East, U.S.  
Highway 93 Business Park  
Jerome, ID 83338  
Phone (208) 324-4359

### SOUTHEAST REGION OFFICE

1345 Barton Rd.  
Pocatello, ID 83204  
Phone (208) 232-4703

### UPPER SNAKE REGION OFFICE

4279 Commerce Circle  
Idaho Falls, ID 83401  
Phone (208) 525-7290

### SALMON REGION OFFICE

99 Hwy. 93 N.  
P.O. Box 1336  
Salmon, ID 83467  
Phone (208) 756-2271