



Division of Fisheries & Wildlife

Wayne F. MacCallum, *Director*

Application for Resident Citizen Blind, Paraplegic or Intellectually Disabled Licenses

In order to qualify for this free license you must submit this application and a letter from your physician indicating the license(s) for which you are qualified. You must be a resident citizen of the United States, 15 years of age or older, with a legal residence in Massachusetts covering a period of at least six (6) consecutive months immediately preceding the date of the application, and meet one of the following requirements:

1. Blind: (Fishing License) Sightless or having less than 1/10 of normal vision in the more efficient eye when refractive defects are fully corrected by lenses.
2. Paraplegic: (Fishing/Hunting license) Total paralysis of the lower half of the body with involvement of both legs.
3. Intellectually Disabled: (Fishing License) Failure in intellectual development that results in social incompetence and is held to be caused by a defect in the central nervous system and to be incurable. An applicant must show a certificate attesting to that effect signed by a duly qualified physician or a written statement from a public school official in the city or town in which such person resides, indicating that this person has been classified as intellectually disabled.

PLEASE NOTE: Persons diagnosed as mentally ill **do not** qualify for a free license.

Name: _____
 Address: _____
 Town: _____
 State: _____
 Zip: _____
 Telephone number: _____

Date of Birth _____ U.S. Citizen/ or Non-Citizen: _____
 Gender: _____ Birthplace: _____
 Eye Color: _____ Copy of Previous License: _____
 Hair Color: _____ Copy of Hunter Education Certificate: _____
 Height: _____
 Weight: _____

License requested:

Class (F4) Resident Citizen Fishing (Blind, Paraplegic, or Intellectually Disabled) ____
 Class (H3) Resident Citizen Hunting (Paraplegic) ____

I hereby certify, under penalty of perjury, that the data and statements made on this license request are true, and that I have not been prohibited by any legal decision resulting in a violation of Chapter 131 or any provisions thereof, from holding a license of the class specified heron during the period this license is valid.

Signature: _____ Date: _____

SEND APPLICATION AND PHYSICIAN’S LETTER TO “REVENUE DEPARTMENT” TO THE ADDRESS BELOW.

Division of Fisheries & Wildlife

251 Causeway Street, Suite 400, Boston, MA 02114-2104

Phone: (617) 626-1590 **Fax:** (617) 626-1517 **Web:** www.mass.gov/masswildlife

An Agency of the Department of Fish and Game