

COLORADO PARKS AND WILDLIFE
 APPLICATION FOR FREE LIFETIME FISHING LICENSE
 FOR TOTALLY AND PERMANENTLY DISABLED RESIDENT
 OF COLORADO.

CID# _____ DIVISION
 USE ONLY

PLEASE PRINT		FIRST	MIDDLE	LAST	SOCIAL SECURITY NO.	
NAME						
STREET ADDRESS or BOX NUMBER						
CITY			STATE		ZIP CODE	
SEX	WEIGHT	HEIGHT	HAIR	EYES	AGE	
DATE OF BIRTH		CO DRIVERS LICENSE # OR CO ID #		MONTH & YEAR STARTED LIVING IN COLORADO. MO. _____ YEAR _____		
TELEPHONE NUMBER		I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AS STATED ON BACK HEREOF. X _____ DATE: ____ / ____ / ____				
SEE INFORMATION ON BACK		SIGNATURE OF APPLICANT; GIVING FALSE INFORMATION WHEN APPLYING FOR A LICENSE IS A CRIMINAL OFFENSE.				

Colorado Parks and Wildlife offers a Free Lifetime Fishing License to individuals who are **totally** and **permanently** disabled. In order to qualify for the license, you must provide proof of a **total** and **permanent** disability (defined by the Attorney General as *any physical or mental impairment which prevents substantial gainful employment, but only if it is reasonably certain that such disability will continue throughout the lifetime of the disabled person*).

You must be a Colorado resident. Resident means a person who has been domiciled in Colorado for (6) six months or more, immediately preceding the date of application, and who resides in CO with the genuine intent of making CO his/her permanent abode, and who, when absent, intends to return to CO.

There are 3 different ways to qualify for the Free Lifetime Fishing License:

1. Provide documentation that you have been receiving Social Security Disability Benefits for (7) seven years or longer. In order to do this, contact your local Social Security office and request an *AWARD* letter that specifically documents your Social Security Disability Benefits with the **ENTITLEMENT DATE**. (**ENTITLEMENT DATE**, not eligibility date, must show that benefits began seven years ago or longer).
2. A physician's statement, on his/her letterhead, that attests to a **TOTAL** and **PERMANENT** disability (as defined above). Please note: the physician's statement must state both **TOTAL** and **PERMANENT** disability.
 - a. Example: "patient's name" is **totally** and **permanently** disabled.
3. Provide a "Final Admission of Liability" form from the Division of Workers' Compensation, indicating **TOTAL** and **PERMANENT** disability.

Without the proper documentation, we are unable to process your application. Please be sure to fill out the application completely. Any missing information will delay processing of your request. Please mail the enclosed application and proof of your disability to:

Please allow 12 to 15 business days for verification and processing time.
 If you have any questions, please contact License Services at 303-291-7235.

Colorado Parks and Wildlife
 License Services/Lifetime Fishing License
 6060 Broadway
 Denver, CO 80216