

Department of Natural Resources 6060 Broadway Denver, CO 80216 P 800-526-9503 cpw.state.co.us

APPLICATION FOR MENTAL HEALTH INSTITUTION FREE FACILITY FISHING LICENSE

PLEASE PRINT:	DATE:
Name of Facility:	
Mailing Address:	
Phone Number: ()	
Is this a renewal? Y N (circle)	If yes, what is last year's license number?
veterans administration hospit	Colorado Revised Statutes (33-4-104) as, "any resident patient at a all and resident patients of any state mental institution or other mental while under supervision of a proper staff member thereof".
Mark all that apply below:	
Inpatient CareRehabilitat	ionA Group HomeMental RehabOther
Please describe the facility:	
if they wish to fish. The license is regarding limits of fish, etc., mu contracts with one or more facility Patients/clients of your organiza	or others supervising the fishing, are required to have a valid fishing license ssued to the above facility is for the resident patients only. All laws st be complied with. If you are a DAYCARE facility, or an agency that ties for daytime recreation, you are NOT eligible for this license. tion may, if they are TOTALLY AND PERMANENTLY DISABLED, request an ing license by contacting: Colorado Parks and Wildlife, 6060 Broadway, so call - 303-291-7235
"I certify the above statements a inquiries to verify these stateme	are true. I hereby authorize Colorado Parks and Wildlife to make further nts".
Please PRINT your name and title	e:
Signature	Date
If approved, this license is only g	good for the current calendar year and must be renewed every year.
This application may be emailed	to sarah.schnacke@state.co.us

