

Columbine License & Pass Application



LIVE LIFE OUTSIDE

Colorado Parks and Wildlife offers the Columbine program for customers with disabilities. These customers qualify for a free Lifetime Fishing License as well as qualify to purchase a reduced-cost annual parks pass. To qualify, customers must be Colorado residents and have a **total and permanent** disability. *Please fill out this checklist and application in its entirety to expedite your request.*

Program Qualification Checklist:

Requested Product(s): *Please mark which product(s) you are applying for*

- Columbine Annual Parks Pass
 - o If mailing in application, **please include check or money order for \$14, payable to CPW.**
- Columbine Lifetime Fishing License

Submit applications and documentation to **disability.apps@state.co.us**
 OR mail to:
Colorado Parks and Wildlife
Attn: Columbine Program
6060 Broadway
Denver, CO 80216

Residency Proof: *the below are required to prove Colorado residency for this program*

- Applicant has lived in Colorado for at least six (6) consecutive months immediately prior to the date of application, **AND**
- Applicant* has a valid Colorado driver’s license or Colorado state ID.
- *Applicant is a youth; please provide parent or legal guardian’s Colorado driver’s license or state ID #: _____

Total and Permanent Disability Proof

- “*Final Admission of Liability*” form from the Division of Workers Compensation which indicates the applicant has a “permanent total disability” **OR**
- A completed “Physician’s Affidavit” provided on the second page of this form.

Without proper documentation, we will be unable to process your application. Please be sure to fill out the application legibly and completely. Any missing information will delay processing of your request and may result in your application being denied.

CID	Legal First Name	Legal Middle Name	Legal Last Name		
Date of Birth	Phone	Email			
Physical Address			City	State	Zip
				CO	
Mailing Address (if different than above)					
Ethnicity	Gender	Height	Weight	Hair Color	Eye Color
Colorado Driver’s License or ID #		Month & Year Started Living in CO		Social Security Number	
		Month _____ Year _____			

I certify that the information provided on this application and any provided documentation is true and accurate. I hereby authorize Colorado Parks and Wildlife to make further inquiries to verify information provided on this affidavit which may include contacting my physician, physical, occupational, or recreational therapist. I understand that any false statements made will void my license and/or pass and may result in criminal charges.

Signature of Applicant _____ Date _____

Physician's Affidavit of Total & Permanent Disability

To be completed ONLY by a licensed physician for applicants without a "Final Admission of Liability" form.

For this program, the Attorney General has defined a **total and permanent disability** as any *"physical or mental impairment which prevents substantial gainful employment, but only if it is reasonably certain that such a disability will continue throughout the lifetime of the person with the disability"*.

Physician: please complete the below affidavit certifying that your patient has a total and permanent disability to the fullest extent of your medical knowledge; see definition above for guidance if necessary. The affidavit may be filled out by hand or a stamp may be used. Affidavit must be filled out legibly and completely.

Physician's Name		Physician's License Number	
Clinic Name			
Clinic Full Address (Street, City, State, Zip)			
Clinic Phone Number			
Patient's Name		Date of Diagnosis	

Complete information in the table above **OR** below.

Physician's Stamp (Must include license number if not on stamp)	
Patient's Name	
Date of Diagnosis	

Please confirm your certification by **INITIALING** next to each statement below and sign

_____ I certify that I am fully aware of the patient's medical condition **AND**

_____ I certify that the patient whose name appears on this application has a total and permanent disability as defined above **AND**

_____ I certify that the statements made and information provided on this affidavit are true and accurate.

I understand that Colorado Parks and Wildlife may conduct further inquiries to confirm the information on this affidavit and that any false statements made may result in criminal charges.

Signature of Physician _____ Date _____