C O L O R A D O   P A R K S   &   W I L D L I F E

Disability License & Pass Application

LIVE LIFE OUTSIDE

Colorado Parks and Wildlife offers a free Lifetime Fishing License to customers with disabilities. Customers approved in the Lifetime Fishing License Program also qualify to purchase an annual Columbine 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***.

Disability License & Pass Qualification Checklist:

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

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

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

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

Physical Address	City

State	Zip	Phone	Email
CO			

Mailing Address

Date of Birth	Gender	Weight	Height	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 ______________________

<u>Physician's Affidavit of Total & Permanent Disability</u>

To be completed <u>ONLY</u> 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 disabled person"*.

Physician: please complete the below affidavit certifying that your patient has a total and permanent disability as defined above. The affidavit may be filled out by hand or a stamp may be used. Affidavit must be filled out <u>legibly</u> and <u>completely</u>.

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

OR (Must include license number if not on stamp)

Physician's 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 ______________________________