

# First Responder License & Pass Application



**THANK YOU FOR ALL YOU DO**

Colorado Parks and Wildlife offers a free First Responders' Lifetime Combination Small Game Hunting/Fishing License or Lifetime Fishing License, and annual Blue Spruce Parks Pass to qualifying customers. To be eligible, customers must be Colorado residents and have a permanent occupational disability as a result of their official duties. *Please fill out this checklist and application in its entirety to expedite your request.*

**First Responder Qualification Checklist:**

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

- Blue Spruce Parks Pass
- First Responder Fishing License, **OR**
- First Responder Small Game & Fishing Combination License
  - To qualify for this license, please provide a copy of your hunter education certificate or card (unless born before 1/1/1949)

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

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

- I have lived in Colorado for at least six (6) consecutive months immediately prior to the date of application, **AND**
- I have a valid Colorado driver's license or Colorado state ID.

**Eligibility Proof**

- Retired FPPA members: submit a copy of your "Initial Disability Administrative Decision by Death and Disability Review Committee" form provided to you by the FPPA that shows a permanent occupational disability, **OR**
- Peace officers and fire fighters not with FPPA: complete the affidavit on back 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
			CO
Mailing Address (if different than above)			
Ethnicity	Gender	Height	Weight
Colorado Driver's License or ID #		Month & Year Started Living in CO	Social Security Number
		Month _____ Year _____	
		Hunter Education Number & State	

*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 submitted on this application. I understand that any false statements made will void my license and/or pass and may result in criminal charges.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## First Responder Affidavit of Service & Disability

To be completed ONLY by applicants who are peace officers or firefighters and are NOT retired members of FPPA.

### Applicant's Statement of Service

*If you have the documentation listed on the first checkbox under "Eligibility Proof" on the first page of this form, do NOT fill out this affidavit.*

- I served as a peace officer as defined in CRS 16-2.5-101 **OR**
- I served as a firefighter as defined in CRS 29-5-203 (10).

### Applicant's Statement of Disability

- I have a permanent occupational disability as defined in CRS 31-31-801 (3.2) **AND**
- The permanent occupational disability is a result of an injury received while performing official duties or an occupational disease arising out of and in the course of performing official duties.

### Applicant's Peace Officer or Firefighter Employment Information

Please fill out the below in relation to your position at the time your permanent occupational disability occurred.

Official Title/Position			
Employer			
Employer City	Employer State	Total Years of Service	Approx Date of Injury/Illness

*I certify that the statements made and information provided on this affidavit are 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 former employer(s) and/or 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 \_\_\_\_\_

### **Colorado Revised Statute (CRS) References**

#### **CRS 31-31-801 (3.2) Permanent Occupational Disability**

"Permanent occupational disability" means an occupational disability caused by a condition that is permanent or degenerative, and for which there is no prognosis for improvement or recovery through surgical treatment, counseling, medication, therapy, or other means.

#### **CRS 16-2.5-101 (1) Peace Officer**

A person who is included within the provisions of this article and who meets all standards imposed by law on a peace officer is a peace officer, and, notwithstanding any other provision of law, no person other than a person designated in this article is a peace officer. A peace officer may be certified by the peace officers standards and training board pursuant to part 3 of article 31 of title 24, CRS, and, at a minimum, has the authority to enforce all laws of the state of Colorado while acting within the scope of his or her authority and in the performance of his or her duties, unless otherwise limited within this part 1.

#### **CRS 29-5-203 (10) Firefighter**

"Firefighter" means an employee of a public employer whose primary duties are directly involved with the provision of fire protection or firefighting services. "Firefighter" does not include clerical personnel or volunteer firefighters as defined in section 31-30-1102, CRS.