

Department of Natural Resources License and Pass Administration 6060 Broadway Denver, CO 80216 P 303.291.7235 | F 303.291.7106

APPLICATION FOR MENTAL HEALTH INSTITUTION FREE FACILITY FISHING LICENSE

PLEASE PRINT:	NT: DATE:	
Name of Facility:		
Mailing Address:		
Phone Number: ()	City	State Zip
Is this a renewal? Y N (circle) If yes, what	is last year's license number?	
A facility license is described in Colorado Reveterans administration hospital and reside persons with behavioral or mental health diwhile under supervision of a proper staff mecontracts with one or more facilities for dayting	nt patients of any state <u>inst</u> sorders or other <u>mental heal</u> ember". If you are a DAYCARE	<u>itution</u> for the treatment of <u>Ith institution</u> in Colorado E facility, or an agency that
Mark all that apply below:		
Inpatient CareRehabilitationA Grou	p HomeMental Rehab	Other
Please describe the facility and your patients:		
PLEASE NOTE: The license issued to the above residents who are fishing are required to have regulations must be complied with.		
"I certify the above statements are true. I her inquiries to verify these statements".	reby authorize Colorado Parks	and Wildlife to make further
Please PRINT your name and title:		
Signature	Date	
If approved, this license is only good for the cu	ırrent calendar year and must	be renewed every year.
This application may be emailed to disability.a	apps@state.co.us	

