

**IOWA DEPARTMENT OF NATURAL RESOURCES**

Customer Service Section

6200 Park Ave Ste 200, Des Moines IA 50321

(515) 725-8200 | www.iowadnr.gov**For Department Use Only**

DNR #:		Issued By:	
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APPLICATION FOR FREE ANNUAL RESIDENT DISABLED FISHING LICENSE
For Persons 16+ Years of Age with Severe Mental or Physical Disabilities**If completing online, please use the "TAB" key to navigate your way through this form. Do not press Enter.****APPLICANT INFORMATION:**

Full Name: _____ Phone #: _____
Address: _____
City/State/Zip: _____ County: _____
*Social Security #: _____ Iowa DL/ID #: _____ Birth Date: _____
DNR Customer # (If known): _____ Email: _____
Eye Color: _____ Height: _____ ft. _____ in. Weight: _____ lbs. Gender: ☐ Male ☐ Female

*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining a hunting, fishing or other recreational license under section 252J.8 of the Code of Iowa and 42 US Code 666(a)(13). Your social security number will serve as your principal identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unit to establish, modify, and enforce child support obligations and to collect liabilities owed to the state or a state agency. It **WILL NOT** appear on your license.

Section 1: ELIGIBILITY REQUIREMENTS & APPLICANT CHECKLIST

To qualify for a free annual resident disabled fishing license, **you must meet all the following requirements**. Additional eligibility information can be seen under Section 3 of this form. Please complete the checklist below and submit your completed application to one of the DNR offices listed on page 2 of this form.

- ☐ I am 16 years of age or older AND severely mentally or physically disabled as defined in the Iowa Administrative Code, Chapter 571-15.24(483A). (See specific criteria outlined below)
- ☐ Physician Certification (Completed by your attending physician - see Section 3)
- ☐ A medical statement from attending physician specifying your disability on an 8 ½"x11" stationery or on paper inscribed with your attending physician's letterhead. (For the purposes of this rule the attending physician must be a currently practicing doctor of medicine, doctor of osteopathy, physician assistant or nurse practitioner.)

Section 2: IOWA ADMINISTRATIVE CODE, CHAPTER 571-15.24 (483A)**571--15.8(483A) Free annual fishing license for persons who have permanent severe physical or mental disabilities.****15.8(1) Purpose.** Pursuant to Iowa Code subsection 483A.24(9), the Department of Natural Resources will issue a free annual fishing license to Iowa residents 16 or more years of age who have severe mental or physical disabilities who meet the definitions of "Severe mental disability" and "Severe physical disability" in 15.24(2).**15.8(2) Definitions.** For the purpose of this rule, the following definitions apply:**"Severe mental disability"** means a person who has severe, chronic conditions in all of the following areas which:

1. Are attributable to a mental impairment or combination of mental and physical impairments;
 2. Result in substantial functional limitations in three or more of the following areas of major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency;
 3. Reflect the person's need for a combination and sequence of services that are individually planned and coordinated;
- AND**
4. Requires the **full-time assistance of another person** to maintain a safe presence in the outdoors.

"Severe physical disability" means a disability that limits or impairs the person's mobility or use of a hand or arm **AND** that requires the **full-time assistance of another person** or that makes the person dependant on a wheelchair for the person's normal life routine.

Section 3: PHYSICIAN CERTIFICATION (must be current attending physician of applicant)

Full Name: _____ Phone #: _____

Address: _____ City/State/Zip: _____

I, _____ do hereby certify that I am the attending physician for the above named applicant and declare that said applicant is severely mentally or physically disabled as defined in Iowa Administrative Code, Chapter 571-15.24 (483A), which is found in Section 2 of the application.

- ☐ I have included a statement on my 8 ½ x 11 sized letterhead stating whether or not the above applicant has a **severe mental or physical disability according to Iowa Code 571-15.24(2) (list the specific reason using the language on page 1 of this form) and requires full-time assistance of another person or is dependent on a wheelchair for the person's normal life routine.** (Applicant must submit this statement along with the application in order to qualify.)

Attending Physician's Signature_____
Date**SECTION 4: APPLICANT ACKNOWLEDGEMENT****You MUST MARK next to each of the following statements as acknowledgement of your understanding:**

- ☐ I understand that the free annual fishing license will be issued by the Iowa Department of Natural Resources upon verification of eligibility. The license issued under this rule will be valid until January 10th of the subsequent year. I must provide proof of eligibility **each** year in order to obtain a new license.
- ☐ I understand persons fishing with this license will need to purchase a Trout Fee if fishing for or possessing trout.
- ☐ I understand that providing false information on this application will render my license invalid and that I may be subject to fines and imprisonment for making a false entry in a public record in violation of Iowa Code 714.8(4), and for hunting, fishing, or trapping without a valid license in violation of Iowa Code 483A.
- ☐ I understand that my license application **WILL NOT** be processed over-the-counter at a DNR office location and that a minimum of 2 weeks may be required for verification purposes. Upon verification of license eligibility, I understand that my license will be mailed to the address listed on this application.

Applicant Signature_____
Date

Submission Instructions: You can submit this application by mail or electronically by emailing your completed application and documents to Webmaster@dnr.iowa.gov, or by logging in at www.GoOutdoorsIowa.com and uploading your application and documents to your customer account. You will be notified by email or mail when you have been authorized to obtain this license. **Please allow a minimum of two weeks to process mailed applications**