



IOWA DEPARTMENT OF NATURAL RESOURCES

Customer Service Section
6200 Park Ave Ste 200, Des Moines IA 50321
(515) 725-8200 | www.iowadnr.gov

Table with 4 columns: DNR #, Code #, Issued By, Date Issued. Code # is 836.

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:

Form fields for Applicant Information: Full Name, Address, City/State/Zip, County, Social Security #, Iowa DL/ID #, Birth Date, DNR Customer #, Email, Eye Color, Height, Weight, Gender.

*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).

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.

- Checkboxes for eligibility requirements: I am 16 years of age or older AND severely mentally or physically disabled... Physician Certification... Medical statement from attending physician...

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.

To process your license request, please provide your completed application (signed, initialed and dated) and your attending physician's medical statement to any of the Iowa Department of Natural Resources offices below.

Applicant Signature

Date

IOWA DNR LOCATIONS:

	NW Regional Office Spirit Lake Fish Hatchery 122 252 nd Ave Spirit Lake, IA 51360 Phone: (712) 336-1840	DNR Central Office 6200 Park Ave Ste 200 Des Moines IA 50321 Phone: (515) 725-8200 Fax: (515) 725-8201 Webmaster@dnr.iowa.gov	SW Regional Office Cold Springs State Park 57744 Lewis Rd Lewis, IA 51544-5103 Phone: (712) 769-2587
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(Please allow a minimum of two weeks to process mailed applications)