

Louisiana Department of Wildlife and Fisheries
Office of Management and Finance
Licensing and Registration
Post Office Box 98000
Baton Rouge, LA 70898
(225)765-2887

APPLICATION FOR RESIDENT DISABLED SPORTSMAN LICENSE

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (_____) _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____

(A copy of your current Louisiana Driver's License or valid Louisiana Identification card must accompany this application)

HUNTER CERTIFICATION # (required if born 9-1-69 or later) _____

SIGNATURE OF APPLICANT: _____

I hereby certify that I have resided in Louisiana for the immediate prior 6 months and that I meet all other residency requirements outlined in R.S.56.8.

TYPE OF DISABILITY:

_____ **LEGALLY BLIND** – meaning that the individual has a visual acuity of 20/200 or less in the better eye with correcting lenses.

(Hunting & Fishing)

_____ **PARAPLEGIC** – (Hunting & Fishing)

_____ **MULTIPLE AMPUTEE** – (Hunting & Fishing)

_____ **SINGLE AMPUTEE** – (Fishing Only)

_____ **ARTIFICIAL LIMBS OR PERMANENT BRACES** for mobility as a result of a permanent and total disability – (Fishing Only)

I hereby certify that I have personally examined the individual named above and certify that he/she is disabled as specified above. In the case of artificial limbs or permanent braces, I certify that this is a permanent and total disability and that the applicant will always require artificial limbs and/or braces for mobility. I further certify that in the case, of legally blind the visual acuity with correcting lens of the left eye is _____ and the right eye is _____.

Physician's Name _____ Telephone # (_____) _____
(please type or print)

Physician's Signature _____ Date _____