



Free Fishing License Application
Mobility Impaired & Residents of Institution

For Internal Use Only
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License Fulfillment: It is illegal to fish without possessing the required license. See the current fishing regulations brochure for more information. If your application is approved, you will receive detailed instructions on how to obtain your license. Free hunting licenses are available to disabled veterans only.

For more information, call 1-800-WILDLIFE (1-800-945-3543)

Applicant Information - all fields required

Applicants MUST have a Customer ID# in order to apply. You may obtain your Customer ID# from your licenses or permits (if purchased after Feb. 15, 2011), online at wildohio.com, or by calling 1-800-945-3543.

Customer ID#
First Name MI. Last Name
Street Address
City State ZIP Date of Birth Height
Social Security # Phone # Weight Eye Color Hair Color
Email Address

If you are applying as a resident of a state, county, or charitable institution or a military home in the State of Ohio, please skip to Section 2 on the reverse side.

SECTION 1

Eligibility Requirements (Ohio Revised Code Section 1533.12)

Please check one:

- I am mobility impaired. See definition under Section 1A (below).
I am a blind person as defined in Section 1A (below).

In order to qualify for a free fishing license under "mobility impaired" or "blind person" exemption, all applicants must be able to answer "yes" to statements #1 and #2 below (please answer yes or no):

- 1. I have resided in the state of Ohio for the last six consecutive months Yes - No
2. I am unable to engage in fishing without the assistance of another person. Yes - No

If you answered "no" to statement #1 or statement #2, you do not qualify for free fishing license.

Applicants must also meet one or both of the following eligibility requirements:

- 3. I am unable to bait a hook without the assistance of another person. Yes - No
4. I am unable to cast and/or retrieve a fishing line without the assistance of another person. Yes - No

Applicant Signature - I swear that the information provided on this application is true

Section 1A: Physician / Optometrist Certification (to be completed by physician or optometrist)

Physicians/Optomtrists may call 1-800-945-3543 with questions.

I certify below that I have examined the applicant named above. I further certify that the patient is (check one):

- Mobility Impaired means: applicant is subject to a physiological defect or deficiency that renders the person unable to move about without the aid of crutches, a wheelchair or any other form of support, or that limits the person's functional ability to ambulate, climb, descend, sit, rise, or to perform related function (Section 955.011 Ohio Revised Code).
Blind and requires assistance to fish, meaning either: (A) 20/200 or less in the better eye with proper correction (B) Field defect in the better eye with proper correction which contracts the peripheral field so that the diameter of the visual field subtends an angle no greater than 20 degrees (Section 955.011 Ohio Revised Code).

Name of Physician (printed) Medical License Number Date Signed
Signature of Physician Area Code & Telephone Number Fax Number
Address
City State Zip Code

SECTION 2

Eligibility Requirement: Institution Residents - Check Yes or No

I am a resident of a state or county institution, charitable institution, or military home in the State of Ohio Yes - No

I have resided in the state of Ohio for the last six consecutive months Yes - No

If you answered "No" to either statement, you are not eligible to receive a free fishing license under this exemption.

See Ohio Revised Code 1533.12.

If you answered "Yes" to both statements, you are eligible to receive a free fishing license pending satisfactory completion of Section 2A below.

Applicant Signature – I swear that the information provided on this application is true

Section 2A

Residential Facility Information - must be completed by facility manager or representative:

Name of Residential Facility: _____

Address of Residential Facility: _____

City, State, Zip _____

Phone # _____ Expected Length of Stay _____

Email Address of Facility Manager _____

Please check one: State or County Institution Charitable Institution Military Home

Signature of residential facility Manager

Printed Name of Residential Facility Manager

Incomplete applications will not be accepted.

Mail completed forms to:

Ohio Division of Wildlife
Free Licenses
2045 Morse Road, Building G
Columbus, Ohio 43229-6693