



WASHINGTON DEPARTMENT OF FISH AND WILDLIFE
HUNTER / FISHER REDUCED FEE APPLICATION
 Mail to: WDFW, Licensing Division, PO Box 43154, Olympia, WA 98504
 Fax to: (360) 902-2466

APPLICANT INFORMATION REQUIRED												
LAST NAME				FIRST NAME				MIDDLE		SUFFIX JR / SR		
MAILING ADDRESS						PHYSICAL ADDRESS						
CITY			STATE		ZIP		CITY			STATE		ZIP
SEX M / F	HEIGHT FT. IN.		WEIGHT		DOB		EYE COLOR		SSN			
WILD ID				EMAIL				PHONE				

I hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing information is true and correct.



Applicant's Signature

Date

COMPLETE FOR REDUCED FEE HUNTING AND/OR FISHING LICENSES

Both selections are automatic for this application : Fishing Hunting

This is for other reduced fees only. This does not provide access to assistance cards, programs or facilities. You must fill out the hunter/fisher disability application to receive Disability Status.

Physician Signature **Resident who permanently use a wheelchair:** as certified by the *physician's signature below (RCW 77.32.480)

Physician Signature **Resident who is Blind or Visually Impaired:** central visual acuity does not exceed 20/200 in the better eye with corrective lenses or visual field is not greater than 20 degrees; or, Low Vision is a severe loss of visual acuity ranging from 20/70 to 20/200 while retaining some visual function; or Visual impairments may include, but are not limited to: Albinism, Aniridia, Aphakia, Cataracts, Glaucoma, Macular Degeneration, or other similar diagnosed disease or disorder. **NOT included:** *Hyperopia, myopia, and presbyopia.*

Physician Signature **Resident with a Developmental Disability:** certified by DSHS authority or *physician's certification (RCW 71A.10.020)

The cognitive intellectual developmental disability such as cerebral palsy, down syndrome, epilepsy, autism, or another neurological condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. DSHS Authority must enclose a letter of certification on DSHS letterhead.

NOT included: PTSD, Bi-polar, ADD, ADHD, Anxiety, Depression, Parkinson's, Multiple Sclerosis.

Signature certification of permanent disability below.

I am a licensed MD, ARNP, or PA for the above named person, and by my signature do certify under penalty of perjury of the laws of the State of Washington, this said applicant meets the above criteria having a permanent disability as I have indicated.

X *Licensed MD, ARNP, and PA Signature s Accepted* *Date*

Physician's Name _____ Title _____
(Please print clearly)

Address _____ Zip _____

Telephone Number: () _____ Medical License Number/NPI: _____
Mandatory

WDFW USE ONLY

Approved By:

Date:

Eligibility Requirements for WDFW Disability Status

The Washington State Legislature established these eligibility requirements in 1987 as stated below. The requirements for this accommodation could change at any time. Receiving a disability award or rating from the Social Security Administration, the Veterans Administration, or any other federal, state, and/or county entity does not automatically make one eligible for these privileges issued by the State.

To qualify for reduced fees with WDFW you must have a **permanent inoperable** disability which meets one of the following:

Permanent inoperable means: not treatable or remediable by surgery, all surgeries and treatments have been exhausted or not curable because of undue risk to the patient.

(1) "Permanently uses a Wheelchair" means:

A diagnosed disease, disorder or injury which requires the permanent use of a manually operated or power-driven wheelchair every time for mobility.

(2) "Blind or Visually Impaired" means:

The central visual acuity that does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field does not exceed twenty degrees; or, Low Vision is a severe loss of visual acuity ranging from 20/70 to 20/200 while retaining some visual function; or Visual impairments may include, but are not limited to: Albinism, Aniridia, Aphakia, Cataracts, Glaucoma, Macular Degeneration, or other similar diagnosed disease or disorder.

NOT included: Hyperopia, Myopia, Astigmatism, and Presbyopia type conditions...

(3) "Developmental Disability" means: (RCW 71A.10.020)

A cognitive intellectual disability such as: cerebral palsy, down syndrome, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, **which originates before the individual attains age eighteen**, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.

NOT included: PTSD, Bi-polar, ADD, ADHD, Anxiety, Depression, Parkinson's, Multiple Sclerosis...

How to Apply:

To apply for reduced fee license your Licensed Physician (MD), Advanced Registered Nurse Practitioner (ARNP), or Physician Assistant (PA) having intimate knowledge and documentation of your disability will need to complete and certify this **Reduced Fee Application**.

Please return this completed application to our main office at: Licensing Division, PO Box 43154, Olympia, WA 98504, or you can fax the application to: (360) 902-2466.

Please allow 2 weeks for processing. If you do not receive a notice on your application after 2 weeks please contact our office at: (360) 902-2464, TTY: 711

For assistance please call: Licensing Division (360) 902-2464 Toll free (866) 246-9453
Or visit your regional WDFW office.

** Physician; as used on this form, the term "physician" includes a medical doctor, a physician's assistant (see RCW 18.71A.080), or an osteopathic physician's assistant (see RCW 18.57.080), or an advanced registered nurse practitioner (see RCW 18.79.256).*