



DIVISION OF FISHERIES & WILDLIFE

FREE LICENSE APPLICATION FORM FOR BLIND, INTELLECTUALLY DISABLED OR PARAPLEGIC PERSONS

Part One: Application Requirements/Instructions

M.G.L. c. 131 §11 provides that no fee shall be charged for any license issued under this section to a resident citizen of the commonwealth for a fishing license which is issued to a person who is blind or has an intellectual disability, or for a sporting, hunting, or fishing license issued to a paraplegic; provided, however, that in the case of a nonresident citizen who is a paraplegic, that said resident shows sufficient evidence to the issuing agent that he or she is so afflicted; and provided, further, that the state in which said nonresident is a resident provides a reciprocal privilege to residents of this commonwealth who are similarly afflicted.

Application requirements/instructions:

- Blind persons applying for a fishing license:** Must submit this application along with a copy of the Certificate of Blindness issued by the Massachusetts Commission for the Blind in accordance with M.G.L. c. 6 § 135 in order to qualify for a free fishing license.
- Intellectually Disabled Persons Applying for a Fishing License:** Must submit this application along with the accompanying Physician Certification Form signed by a physician certifying that the applicant is an intellectually disabled person within the meaning of M.G.L. c. 123B §1, which is defined the reunder as, “a person who, as a result of inadequately developed or impaired intelligence, as determined by clinical authorities as described in the regulations of the Department of Developmental Services, is substantially limited in the person’s ability to learn or adapt, as judged by established standards available for the evaluation of a person’s ability to function in the community.” As provided in the Department of Developmental Services regulations at 115 CMR 2.01, Intellectual Disability means in pertinent parts that, consistent with the standard contained in the 11th edition of the *American Association of Intellectual Disabilities: Definition, Classification, and Systems of Supports* (2010), significantly sub-average intellectual functioning existing concurrently with and related to significant limitations in adaptive functioning. Intellectual Disability originates before age 18. If you are uncertain about the definition of Intellectually Disabled please contact the Department of Developmental Services at (617) 727-5608 or via email at dds.info@mass.gov
- Paraplegic Residents of the Commonwealth Applying for a Hunting, Fishing or Sporting License:** Must submit this application, a copy of a Hunter Education Certificate or previous license, and the accompanying Physician Certification Form signed by a physician certifying that the applicant has a total paralysis of the lower half of the body, or has a condition that prevents any use of the lower limbs.

Submission Instructions:

Mail the completed and signed application package as described above to:

Massachusetts Division of Fisheries and Wildlife
Attn: Licensing
251 Causeway Street, Suite 400
Boston, MA 02114



DIVISION OF FISHERIES & WILDLIFE

Part Two: Application

Please complete all information, sign, and submit with appropriate supporting documentation in accordance with instructions from part one.

Applicant's Information:

Name: _____ Telephone Number: _____
Address: _____
Town: _____ State: _____ Zip: _____ Email: _____
 U.S. Citizen
Date of Birth: _____ Non-Citizen Gender: _____ Birthplace: _____
Resident of MA? Yes No Eye Color: _____ Hair Color: _____
Height: _____ Weight (lbs): _____

For hunting only: Copy of your Hunter Education Certificate **or** Copy of previous Hunting License

License requested (please check all that apply). See instructions on page one for additional information.

- Class F4: Resident Citizen Fishing for Blind (Requires Certificate of Blindness)
- Class F4: Resident Citizen Fishing for Paraplegic, or Intellectually Disabled (Requires Physician Certification Form)
- Class H3: Citizen Hunting for Paraplegic (Requires Physician Certification Form)
- Class S4: Non Resident Citizen Sporting for Paraplegic, reciprocal states only (Requires Physician Certification Form)

Signature: I hereby certify, under penalty of perjury, that the data and statements made on this license request are true, and that I am not prohibited by the requirements of M.G.L. c. 131, §34 from applying for a hunting, fishing or sporting license.

Signature: _____ Date: _____
Applicant or Applicant's Guardian

Guardian Information (if applicable):

Guardian Name: _____
Guardian Daytime Phone Number: _____

Mail the completed, signed application package, including physician certification form or certificate of blindness to:
Massachusetts Division of Fisheries and Wildlife, Attn: Licensing
251 Causeway Street, Suite 400, Boston, MA 02114



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Physician's Certification Form

Physicians Please Note: The applicant is applying for either a free fishing, hunting, or sporting license pursuant to M.G.L.c. 131 §11. This state law provides that a free fishing license shall be issued to a resident citizen of the Commonwealth who is blind or has an intellectual disability, and that a free hunting, sporting, or fishing license be issued if the applicant is a paraplegic. This physician certification form certifies as to the eligibility of the applicant for a free license and must accompany the application whenever the applicant is representing that he or she is eligible for a free license because they are intellectually disabled or paraplegic.

Applicant Contact Information:

Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: (____) ____ - _____

Contact Information for the Physician making the Certification:

Name of the Physician: _____

Telephone Number: (____) ____ - _____

Mailing Address: _____

Physician's Certification: *This section must be completed by the certifying physician. Please check the appropriate box, insert your name as the certifying physician, and sign and date the certification.*

Required Physician's Certification if the Applicant is INTELLECTUALLY DISABLED:

I _____ (physician name) certify that the applicant named above is an **Intellectually Disabled Person** within the meaning of M.G.L. c. 123B §1, which is defined there under as, "a person who, as a result of inadequately developed or impaired intelligence, as determined by clinical authorities as described in the regulations of the Department of Developmental Services, is substantially limited in the person's ability to learn or adapt, as judged by established standards available for the evaluation of a person's ability to function in the community." As provided in the Department of Developmental Services regulations at 115 CMR 2.01, Intellectual Disability means, consistent with the standard contained in the 11th edition of the *American Association of Intellectual Disabilities: Definition, Classification, and Systems of Supports* (2010), significantly sub-average intellectual functioning existing concurrently with and related to significant limitations in adaptive functioning. Intellectual Disability originates before age 18. If you are uncertain about the definition of Intellectually Disabled please contact the Department of Developmental Services at (617) 727-5608 or via email at dds.info@mass.gov

Required Physician's Certification if the Applicant is a PARAPLEGIC:

I _____ (physician name) certify that the applicant named above is a paraplegic which is defined by the Division regulations as a person who has total paralysis of the lower half of the body, or has a condition that prevents any use of the lower limbs.

Signature of the Certifying Physician: _____ Date: _____