

Individual's with Developmental Disabilities Permanent Angling License Application

This application is not to be used for the **annual** free angling license for SSI, SSDI, legally blind or workers compensation total and permanent disability applicants.

A Permanent angling license may be issued to Minnesota residents age 16 or older who are developmentally disabled upon being furnished satisfactory evidence of the disability.

Application, including physician/psychologists section, must be submitted to the DNR License Center (500 Lafayette Rd, St. Paul, MN 55155, FAX: 651-297-8851). Additional information may be requested. Please allow up to 10 business days for processing. If you have any questions, please call the DNR License Center at 651-297-1230.

APPLICANT to complete this section. Please write legibly.

Identification:

MN Driver's License Number / MN ID Card Number		Social Security Number (Required) *		
First Name		Middle Name		Last Name
Date of Birth	Height	Weight	Gender M/F	Eye Color
Address		City		Zip code
Telephone Number				
Signature				Date

* Federal law requires the Minnesota Department of Natural Resources (DNR) to collect your Social Security Number (SSN) when you apply for a game and fish license for child support enforcement purposes. If you apply for a game and fish license and you do not have an SSN, you must send us a certification that you do not have an SSN. If you do *not* give us your SSN or a certification, we cannot issue you a game and fish license. The federal law is Title IV-D of the Social Security Act, U.S.C., Title 42, section 666(a) (13).

* The DNR is required to provide your SSN or certification to the Minnesota Department of Human Services for child support enforcement purposes.

Physician/Psychologist to complete this section.

The above applicant has applied for a permanent angling license. State law restricts these licenses to Individuals that are developmentally disabled.

“Developmentally disabled” means a severe, chronic disability of an individual who meets all of the following criteria:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments
2. Is manifested before the individual attains age 22
3. Is likely to continue indefinitely
4. Results in substantial functional limitations in three or more of the following areas of major life activity
 - self-care
 - receptive and expressive language
 - Learning
 - Mobility
 - self-direction
 - capacity for independent living
 - economic self-sufficiency
5. Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Please describe below or attach applicant’s diagnosis information.

I verify that the individual listed above meets the requirement for a permanent angling license based on the developmentally disabled definition above.

Physician’s Name (First, Middle initial, Last)

Daytime Telephone Number

Physician’s Signature

Date