

AUTHORIZATION FOR RESIDENTS OF STATE INSTITUTIONS TO FISH IN MINNESOTA

CHECK APPLICABLE STATUTE:

_____ 97A.441, Subd. 3. Angling; residents of state institutions. The commissioner may issue a License, without a fee, to take fish by angling to a person that is a ward of the commissioner of human services and a resident of a state institution upon application by the commissioner of human services.

_____ 97A.445, Subd. 2. Angling; institutional residents. A license is not required to take fish by angling with the written consent of the superintendent or chief executive of the institution for the following persons:

- (1) a resident of a state hospital;
- (2) a patient of a United States Veterans Administration hospital;
- (3) an inmate of a state correctional facility;
- (4) a resident of a licensed nursing or boarding care home, a person who is enrolled in and regularly participates in an adult day care program or other similar organized activity sponsored by a licensed nursing or boarding care home, or a resident of a licensed board and lodging facility;
- (5) a resident of a drug or alcohol residential treatment program under the age of 20.

Under authority of the Minnesota law, indicated above, the facility, listed below, authorizes the residents named on this form to fish in the state while the individual meets the requirements of the appropriate law.

Instructions:

- **Form must be completed every time residents go on a fishing trip.**
- **Form must be filled out completely, including the name and address of the institution, and the names of those fishing.**
- **Must be dated and signed by an administrator or director of the institution.**
- **Original form must be in possession while fishing, photocopy must be kept on file in administrator's/director's office.**
- **AUTHORIZATION FORMS MAY BE PHOTOCOPIED**, printed off the web at www.dnr.state.mn.us/licenses/special.html, or obtained by calling the DNR Information Center at 651-296-6157 or toll-free at 1-888-646-6367.

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| Name of Facility | Address of Facility |
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Full Name and Date of Birth of residents eligible to fish

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| Signature of Facility Administrator/Director | Date |
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PHOTOCOPY AS NEEDED