



A free fishing license is available for any person with central vision acuity of 20/200 or less in the better eye with the aid of the best possible correcting glasses, or central vision acuity better than 20/200 if the widest diameter of the remaining visual field is no greater than 20 degrees. Certification of blindness by an optometrist or ophthalmologist is required.

**Applicant Instructions** - To apply for a free fishing license, certification of blindness by an optometrist or ophthalmologist is required (e.g., a letter on optometrist's letterhead certifying the applicant's blindness, and signed by a licensed optometrist). Submit this completed application with a certification letter from an optometrist or ophthalmologist, to the address below.

**Optometrist or Ophthalmologist Instructions** - Complete the section indicated below and attach a letter certifying the applicant's central vision acuity is 20/200 or less in the better eye with the aid of the best possible correcting glasses, or central vision acuity better than 20/200 if the widest diameter of the remaining visual field is no greater than 20 degrees. The certification letter must be on your letterhead, contain your original signature, and specify how the applicant meets the eligibility criteria defined above.

**Mail your original signed application, original certification letter, and a photocopy of your state issued identification to:**

DEPARTMENT OF FISH AND WILDLIFE  
 LICENSE AND REVENUE BRANCH  
 1740 NORTH MARKET BLVD.  
 SACRAMENTO, CA 95834

Only original applications and certification letters with original signatures will be accepted. Faxed or photocopied applications or certification letters will not be accepted.

All applications will be reviewed and eligibility will be verified prior to license issuance. Allow 15 business days for review and processing of your application. Incomplete or unsigned applications will be returned.

Any license fraudulently obtained will be revoked and any person committing fraud to obtain this license will be prosecuted.

APPLICANT INFORMATION					
DMV/STATE ID NUMBER	STATE	GO ID NUMBER (FROM ALDS ISSUED LICENSE)			
FIRST NAME	M.I.	LAST NAME			
MAILING ADDRESS					
CITY				STATE	ZIP CODE
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HAIR COLOR	EYE COLOR	HEIGHT (Ft., In.)	WEIGHT	DATE OF BIRTH
METHOD OF RESIDENCY <input type="checkbox"/> I have resided continuously in California for the last six months. <input type="checkbox"/> I am not a resident of California					
DAY TELEPHONE			E-MAIL ADDRESS (Voluntary)		
<i>I certify under penalty of perjury that the information on this application is true and correct to the best of my knowledge; that I have not been convicted of any Fish and Wildlife violation; and that I meet the qualifications for this license.</i>					
SIGNATURE <b>X</b>					DATE
THIS SECTION MUST BE FILLED OUT BY AN OPTOMETRIST OR OPHTHALMOLOGIST					
NAME AND TITLE OF CERTIFYING OFFICIAL			CERTIFYING OFFICIAL'S SIGNATURE <b>X</b>		
LICENSE NUMBER			CERTIFYING OFFICIAL'S TELEPHONE NUMBER		
CERTIFYING OFFICIAL'S ADDRESS					
CITY		STATE		ZIP CODE	