

APPLICATION FOR ALABAMA RESIDENT DISABLED FISHING

Take application to your physician. A physician must fill out the physician's statement and sign.

Return the completed application to the Probate Judge or License Commissioner in your county of residence.

PRINT OR TYPE ONLY

Name: _____

Social Security #: _____ - _____ - _____ Driver License # _____

Address: _____

County: _____ City: _____ State: _____ Zip: _____

Phone: Home (____) _____ - _____ Work (____) _____ - _____

Date of Birth: _____ Height: _____ Weight: _____

Eyes: _____ Hair: _____ Sex: _____

Signature: _____ Date: _____

..... PHYSICIANS ONLY

PHYSICIAN'S STATEMENT:

(excerpt of Section § 9-11-54(d), Code of Alabama 1975)

For the purposes of this section, the term "disabled" means inability to engage in any substantial gainful activity by reason of any medically determinable physical impairment which can be expected to result in death or in blindness or to be of long continued and indefinite duration. The term "blindness," as used in this section, means central visual acuity of 5/200 or less in the better eye with the use of a corrective lens. An eye in which the visual field is reduced to five degrees or less concentric contraction shall be considered for the purposes of this section as having a central visual acuity of 5/200 or less.

TOTALLY DISABLED (must indicate): YES () NO ()

TYPE OF DISABILITY: _____

IF BLINDNESS: VISUAL ACUITY _____

This is to certify that the applicant named above is totally disabled as defined by Section §9-11-54, Code of Alabama 1975.

NAME OF PHYSICIAN: _____ Date: _____
(PRINT)

SIGNATURE OF PHYSICIAN: _____

DCNR IS NOW REQUIRED BY SECTION 30-3-194(A) CODE OF ALABAMA 1975 TO COLLECT SOCIAL SECURITY NUMBERS ON ALL RECREATIONAL LICENSES BEING ISSUED/RENEWED.