



DISABLED VETERAN SPECIAL BIG GAME TAG PROGRAM

(THE APPLICATION PERIOD IS JANUARY 2 THROUGH JANUARY 31 OF THE YEAR OF THE HUNT)

The Disabled Veteran Special Big Game Tag Program allows a qualified organization to apply for a special big game hunt tag on behalf of a disabled Veteran. A qualified organization is defined as a 501(c)(3), 501(c)(4), or 501(c)(19) nonprofit organization, or government agency, with a mission to afford opportunities, experiences, and assistance to disabled Veterans. This program is not limited to organizations in Idaho.

Idaho Fish and Game makes 5 tags available each year. Tags are eligible for any open hunt and where there are 5 or more controlled hunt tags for deer, elk, pronghorn, black bear, or mountain lion. **Any Controlled Hunt area that has less than 5 controlled hunt tags is not eligible.** Participants do not require a hunting license or hunter education to apply for or receive this tag. If successful, the tag is issued at no-cost, and does not count towards any other tag requirements or limitations for the hunter. The tag is a once in a lifetime opportunity.

The application period is January 2 through January 31 of the calendar year of the hunt. Applications sent outside of this designated time frame will not be accepted. Each year, the Idaho Division of Veterans Services will screen all applicants and provide a list of screened applicants to the Idaho Department of Fish and Game in priority order of issuance. The top two candidates sponsored by the Idaho Division of Veterans Services will receive a tag and the Idaho Department of Fish and Game will issue the three remaining tags to candidates sponsored by other qualified organizations. There is no limitation to how many applicants a qualified organization may sponsor each year. This application must be used to apply. Send your application to the mailing or email address listed below:

Mail to: Attn: Licenses Office
Idaho Department of Fish and Game
P.O. Box 25, Boise, ID 83707
Email: Licenses@idfg.idaho.gov

All personal information submitted will be kept confidential and used only by the selection committee.

A committee consisting of a representative from the Idaho Veterans Affairs Commission, Veteran service organization representatives, and personnel from the Idaho Division of Veterans Services will make the final selections.

If you have any questions, please contact:

Idaho Department of Fish and Game
Licenses Office
(208) 334-3700
Licenses@idfg.idaho.gov

Kevin Wallior
Idaho Division of Veterans Services
(208) 780-1300
Kevin.Wallior@veterans.idaho.gov



DISABLED VETERAN SPECIAL BIG GAME TAG CHECK LIST

Before mailing or emailing your application, please review this checklist to ensure that you have included all required documentation. We will be unable to process your application or consider you for this hunt if any of the required documentation is missing.

- Completed Application for Disabled Veterans Special Big Game Hunt**
- Copy of your DD Form 214**
- Copy of your VA Disability Rating Letter**



APPLICATION FOR DISABLED VETERAN SPECIAL BIG GAME HUNT

NOTE: THIS APPLICATION IS NOT FOR THE NONRESIDENT DISABLED VETERANS REDUCED FEE PROGRAM FORM.

The Disabled Veteran Special Big Game Tag Program allows a qualified organization to apply for a special big game hunt tag on behalf of a disabled Veteran. A qualified organization is defined as a 501(c)(3), 501(c)(4), or 501(c)(19) nonprofit organization, or government agency, with a mission to afford opportunities, experiences, and assistance to disabled Veterans. This program is not limited to organizations in Idaho.

Please Type or Print Legibly

Please List Sponsoring Organization

_____, hereby requests the issuance of an Idaho hunting license and tags on behalf of:

Please Print Veteran's Information:

First Name, Initial _____ Last Name _____
Contact Phone Number (____) ____ - _____ Contact Email _____
Street Address _____
City _____ State _____ Zip _____
Date of Birth (mm/dd/yyyy) _____ Gender _____
Height _____ Weight _____ Hair Color _____ Eye Color _____

Sponsoring Organization's Mailing Information

Street Address _____
City _____ State _____ Zip _____
Contact Phone Number (____) ____ - _____ Contact Email _____

Please Select One Species

Deer Elk Pronghorn Black Bear Mountain Lion

If requesting a Controlled Hunt tag please provide the Controlled Hunt Number which can be found in the Big Game, and Seasons and Rule Brochures). **Note that any Controlled Hunt with less than 5 tags is not eligible. If you select a Controlled Hunt with less than 5 tags offered, your application will not be processed.** If requesting a general season tag, please provide the Game Management Unit (GMU), which can be found in the Big Game Seasons and Rules Brochure. An application should only fill out one or the other. Should an applicants first choice not be available, please provide a secondary choice.

First Choice:

Controlled Hunt Number: _____ OR General Season GMU: _____



APPLICATION FOR DISABLED VETERAN SPECIAL BIG GAME HUNT

NOTE: THIS APPLICATION IS NOT FOR THE NONRESIDENT DISABLED VETERANS REDUCED FEE PROGRAM FORM.

Second Choice:

Controlled Hunt Number: _____ OR General Season GMU: _____

Please attach your organization's mission statement **and** a copy of your organization's IRS determination letter to the attached application.

By signing this application, I certify that:

- a) I am authorized to make this application for this organization and the named individual.
- b) The named individual is certified as disabled by the Department of Veterans Affairs and is eligible to participate in the Disabled Veterans Special Big Game Hunt.
- c) The organization is qualified under Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) nonprofit organization, or government agency, with a mission to afford opportunities, experiences, and assistance to disabled Veterans.

Signature and Title of Organization Official

Date

Printed Name



PERSONAL DATA

**ALL PERSONAL INFORMATION SUBMITTED WILL BE CONFIDENTIAL AND USED ONLY BY THE
SELECTION COMMITTEE**

Please answer the following questions:

What is your percentage of disability? _____ %

Is your disability combat related? Yes No

Please describe the nature and extent of your disability: _____



PERSONAL DATA

ALL PERSONAL INFORMATION SUBMITTED WILL BE CONFIDENTIAL AND USED ONLY BY THE
SELECTION COMMITTEE

Please provide a brief background of the Veteran's military service: _____



PERSONAL DATA

ALL PERSONAL INFORMATION SUBMITTED WILL BE CONFIDENTIAL AND USED ONLY BY THE
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Please provide background information about the sponsoring organization: _____