



# APPLICATION FOR DISABLED VETERANS SPECIAL BIG GAME HUNT

**NOTE:** This application is not for the nonresident disabled veterans reduced fee program for hunting.

**Mail to:** Attn: Paul Kline, Idaho Department of Fish and Game. P.O. Box 25, Boise, ID 83707 or  
**Email:** paul.kline@idfg.idaho.gov

The Disabled Veterans 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:  
**1)** a 501 (c) (3) or 501 (c) (4) or 501 (c) (19) nonprofit organization, or **2)** government agency with a mission to afford opportunities, experiences, and assistance to disabled veterans.

**PLEASE TYPE OR PRINT LEGIBLY**

***Please List Sponsoring Organization***

\_\_\_\_\_, hereby requests the issuance of an Idaho hunting license and tag 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 \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

***Please Select One Species***

Deer  Elk  Pronghorn  Moose  Black Bear  Mountain Lion

Please provide the hunt unit you are requesting \_\_\_\_\_

Please list or 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 Veteran Affairs and is eligible to participate in the Disabled Veterans Special Big Game Hunt;
- c) The nominating organization with a mission to offer opportunities, experiences, and assistance to disabled veterans **or**;
- d) is a government agency with a mission to offer opportunities, experiences, and assistance to disabled veterans;

\_\_\_\_\_  
*Signature and Title of Organization Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*