

State of Idaho  
Department of Fish and Game

**APPLICATION FOR  
NURSING HOME FACILITY FISHING PERMIT**

(Eligible facilities include intermediate care facilities providing 24 hour skilled nursing care, assisted living facilities providing 24 hour extensive assistance, and skilled nursing facilities providing 24 hour skilled nursing care).

**Name of Facility:** \_\_\_\_\_

\_\_\_\_\_

Contact Name

\_\_\_\_\_

Address

City

State

Zip

\_\_\_\_\_

Federal Tax ID #

Telephone No.

**Please complete, sign, date, and return this application along with a payment of \$34.75, a log of the residents at said facility, and copy of the facility's Health and Welfare certificate to the nearest Fish & Game office.**

**In conformance with Section 36-409(m), Idaho Code, and the powers vested in the Director of the Idaho Department of Fish and Game, permission is hereby requested for the residents of the \_\_\_\_\_ to take fish during open season in accordance with other provisions of the law.**

**It is understood that the head of the facility having custody of said residents hereby recommends the issuance of this permit and agrees to assume full responsibility for and control over said resident(s) while said permit is being used.**

**Only those residents of the facility will be allowed to fish on this permit. All fishing privileges are automatically revoked for any individual on this group permit, if said individual is dismissed from nursing care.**

**PERMIT APPLIED FOR AND PROVISIONS  
THEREOF ACCEPTED BY:**

**IDAHO DEPARTMENT OF FISH AND GAME  
Ed Schriever, Director**

\_\_\_\_\_  
Superintendent of Facility

\_\_\_\_\_  
Date

By \_\_\_\_\_

***THIS SECTION TO BE COMPLETED BY ISSUING FISH & GAME OFFICE***

Permit No. Issued	Issued By:	Vendor No.	Date Issued
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No.	Name		Gender	Height	Weight	Date of Birth
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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21						
22						
23						

**All fishing privileges are automatically revoked for an individual listed above on this group permit, if said individual is no longer a resident of said facility.**