



# APPLICATION FOR A SPECIAL NEEDS BIG GAME HUNT

Application accepted January 2 through 31 of the calendar year of the hunt.

Mail completed form to: Attn: Jim Fredericks, Idaho Department of Fish and Game. P.O. Box 25, Boise, ID 83707

PLEASE TYPE OR PRINT LEGIBLY

organization name \_\_\_\_\_

\_\_\_\_\_, hereby request the issuance of an Idaho hunting license and tag for a special needs hunt for:

Name (first, initial, last) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name and phone number of organization contact \_\_\_\_\_

**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 \_\_\_\_\_

**Please attach your organization's IRS determination letter.**

The holder of a special needs tag must be accompanied, when hunting, by an adult in possession of a current Idaho hunting license valid for hunting big game. Please provide name, address and license number of the accompanying adult \_\_\_\_\_

I certify that:

- a) I am authorized to make this application for this organization and child;
- b) This organization is qualified under Internal Revenue Code Section 501 (c) (3) as a nonprofit organization
- c) That our primary mission is to offer opportunities and experiences to minor children with life threatening medical conditions; and
- d) The above listed child has a life threatening medical condition and is hereby eligible to receive an Idaho hunting license and tag for special needs hunt.

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

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

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