



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

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