



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS Augusta, ME 04333**  
**Phone 207-287-8000 / Fax 207-287-9037**

**COMPLIMENTARY HUNTING AND FISHING APPLICATION**

- 1822-Acquired Brain Injury (Fish Only)
- 1886-Developmentally Disabled (Fish Only)
- 1888-DHHS Custody-Annual License (Fish Only)
- 1818-Resident Blind (Fish Only)
- 1815-Paraplegic
  - Fish  Hunt\*  Archery  Trap (SSN req.)
- 1965-Gold Star family registration plate holder\*\*\*
  - Fish  Hunt\*  Archery  Trap (SSN req.)

Did you fish in salt water last year? Yes  No  Will you this year? Yes  No  **SSN:** \_\_\_\_\_  
(Trapping ONLY)

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Last First MI

Mailing Address \_\_\_\_\_  
 Street or box# Town State Zip Code

Physical Address \_\_\_\_\_  
 Street Town State Zip Code

Physical Description \_\_\_\_\_ Phone \_\_\_\_\_  
 Sex Height Weight Eye Hair

Legal Residence (town/state) \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**Felony Statement\*\***

Either I am not a convicted felon, or I am a convicted felon with a permit to carry a firearm. By signing this statement the applicant verifies that the representations herein are true. By making false statements on this document, I am committing a class D crime punishable under law

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature

**Acquired Brain injury (fish only)** – Any person who has a brain injury as defined by Title 22, section 3086 and or is participating in a Rehabilitation program. (Please provide certification of program participation).

**Developmentally Disabled (fish only)** – Need a statement signed by the person’s physicians on the physician’s letterhead that states that the applicant’s functional limitations substantially limit that person’s ability to fish independently. As defined by Title 5, section 19503, sub section 3.

**DHHS Custody (fish only)** – Need certification that the applicant is 16 or 17 years of age and in the custody of DHHS under Title 19-A, Chapter 55 and Title 22, Chapter 1071.

**Blind (Residents only) (fishing only)** – Need certified evidence that the applicant’s visual acuity for distant vision is 20/200 if the widest diameter of field vision subtends and angle no greater than 20 degrees. **Proof of residency required.**

**Paraplegic** – Need a physician’s statement certifying that the applicant has lost or has permanently lost the use of both lower extremities. This license is available to non-residents from states that provide a reciprocal privilege to residents of Maine. (New Hampshire, Vermont, Connecticut, and Massachusetts). **Must submit copy of driver’s license.** For Archery, must show either safety course or previous license issued in any year after 1980. For Trapping, must show either safety course or previous license issued in any year after 1978

**Hunter Safety\*** – Any person applying for a **Hunting license** must submit proof of successfully completing a hunter safety course, or evidence of having held an adult hunting license in any state or province in any year beginning with 1976. When proof of competency is not available, the applicant may sign a hunter safety affidavit.

**Felony Statement\*\*** – All applicants for licenses that include **hunting with a firearm** must complete the Felony Statement on this form by signing the statement.

**Gold Star family registration plate holder\*\*\*** – A complimentary license to hunt, trap and fish, including permits, stamps and other permissions needed to hunt may be issued, upon application, to a resident who is the holder of a registration certificate and a set of gold star family registration plates pursuant to Title 29-A, section 524-B. **Must submit copy of driver’s license.** For Archery, must show either safety course or previous license issued in any year after 1980. For Trapping, must show either safety course or previous license issued in any year after 1978.