



BOBBY JINDAL
GOVERNOR

State of Louisiana

ROBERT J. BARHAM
SECRETARY

DEPARTMENT OF WILDLIFE AND FISHERIES
OFFICE OF SECRETARY
Sports License

APPLICATION FOR RESIDENT DISABLED SPORTSMAN LICENSE

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER(_____) _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____

(A copy of your current Louisiana Drivers License or valid Louisiana Identification card must accompany this application)

HUNTER CERTIFICATION # (required if born 9-1-69 or later) _____

SIGNATURE OF APPLICANT: _____

(I hereby certify that I have resided in Louisiana for the immediate prior 12 months and that I meet all other residency requirements outlined in R.S.56.8.)

TYPE OF DISABILITY:

- _____ **LEGALLY BLIND** – meaning that the individual has a visual acuity of 20/200 or less in the better eye with correcting lenses.
- _____ **PARAPLEGIC**
- _____ **MULTIPLE AMPUTEE**
- _____ **SINGLE AMPUTEE**
- _____ **ARTIFICIAL LIMBS OR PERMANENT BRACES** for mobility as a result of a permanent and total disability

I hereby certify that I have personally examined the individual named above and certify that he/she is disabled as specified above. In the case of artificial limbs or permanent braces, I certify that this is a permanent and total disability and that the applicant will always require artificial limbs and/or braces for mobility. I further certify that in the case of legally blind the visual acuity with correcting lens of the left eye is _____ and the right eye is _____.

Physician's Name _____ Telephone #(_____) _____
(Please type or print)

Physician's Signature _____ Date _____