Nebraska Game and Parks Commission

Application for a Special Fishing Permit
for Severely Physically Disabled or Developmentally Disabled Persons
(33-449/9-15)

I am applying for a special permit which allows one person to help me fish. I attest that I am unable to fish by myself in the normal manner because of a permanent physical impairment or a developmental disability. Following is my true description:

Name: ___________________________________________________________

Address: _________________________________________________________

City ___________________________ State: _______ Zip: ________________

Social Security No (last 4 digits) _________________________________

Phone: _______________________________ FEE: $7.00 (includes issuing fee)

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<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>HAIR COLOR</th>
<th>EYE COLOR</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
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(THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN) If this is a renewal, it is not necessary to complete this section because we have the doctor’s signature on file.

The above named individual has a permanent physical impairment or has a developmental disability resulting in an inability to use fishing equipment unassisted.

Describe nature of disability:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Name of Licensed Physician _______________________________ Phone: ____________

(Type or Print)

Address ________________________________________________________________

City ____________________________ State ______ Zip _______________________

Signature of Physician _______________________________ Date _______________

RETURN TO: Fisheries Division
Nebraska Game and Parks Commission
2200 N 33rd St., PO Box 30370
Lincoln, NE 68503-0370
Phone: 402-471-5514