

Nebraska Game and Parks Commission

**Application for a Special Fishing Permit
for Severely Physically Disabled or Developmentally Disabled Persons**
(33-449/6-15)

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: _____

Phone: _____

Social Security No (last 4 digits) _____ **FEE: \$6.00**

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	DATE OF BIRTH	AGE	SEX

(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