

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)

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