

Nebraska Game and Parks Commission

**Application for a Special Fishing Permit
for Severely Physically Disabled or Developmentally Disabled Persons**

(33-339/6-22)

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 because of a permanent physical impairment or developmental disability.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No. (last 4 digits) _____

Phone: _____ FEE: \$8.00 (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 is unable to operate a fishing rod and reel, attach terminal tackle, bait a hook, and remove fish from a hook. YES NO

Is this a Permanent impairment or disability: YES NO

Name of Licensed Physician:(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: 402-471-5552