



APPLICATION FOR ALABAMA RESIDENT DISABLED FISHING

Take application to your physician. A physician must fill out the physician's statement and sign.

Return the completed application to the Probate Judge or Licensed Commissioner in your county of residence.

**\$1.00 ISSUANCE FEE REQUIRED**  
*(INCOMPLETE APPLICATIONS WILL BE RETURNED)*

PRINT OR TYPE ONLY

Name: \_\_\_\_\_

(1) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License # \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Hm ( ) \_\_\_\_\_ - \_\_\_\_\_ Wk ( ) \_\_\_\_\_ - \_\_\_\_\_ Cl ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ email: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be excluded from any list of names sold by ADCNR, please check this box [ ]

..... PHYSICIANS ONLY .....

**PHYSICIAN'S STATEMENT:**

(excerpt of Section § 9-11-54(d), Code of Alabama 1975)

For the purposes of this section, the term "disabled" means inability to engage in any substantial gainful activity by reason of any medically determinable physical impairment which can be expected to result in death or in blindness or to be of long continued and indefinite duration. The term "blindness," as used in this section, means central visual acuity of 5/200 or less in the better eye with the use of a corrective lens. An eye in which the visual field is reduced to five degrees or less concentric contraction shall be considered for the purposes of this section as having a central visual acuity of 5/200 or less.

TOTALLY DISABLED (physician must indicate): YES ( ) NO ( )

TYPE OF DISABILITY: \_\_\_\_\_

IF BLINDNESS: VISUAL ACUITY \_\_\_\_\_

This is to certify that the applicant named above is totally disabled as defined by Section §9-11-54, Code of Alabama 1975.

NAME OF PHYSICIAN: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT)

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

(1) DCNR IS NOW REQUIRED BY SECTION 30-3-194(A) CODE OF ALABAMA 1975 TO COLLECT SOCIAL SECURITY NUMBERS ON ALL RECREATIONAL LICENSES BEING ISSUED/RENEWED.