



Fishing Permit Exemption – Statement of Eligibility

KEEP THIS SIGNED STATEMENT WITH YOU WHILE FISHING.
DO NOT SEND TO THE MISSOURI DEPARTMENT OF CONSERVATION.

Missouri residents with qualifying medical conditions as described in **Section B** may fish as provided in Chapter 6 of the *Wildlife Code of Missouri* without permit provided that while fishing s/he carries this certified statement of eligibility signed by a physician.

Section A: (Patient Information)

Name:	Date of Birth:
Applicant Mailing Address:	SSN#:
City, State, Zip:	(Select one) Male Female
County:	Telephone #:
Patient/Guardian Signature:	Date:

Section B: (Type of Exemption): Physician should check all that apply

<input type="checkbox"/> The above resident of Missouri has a visual acuity not exceeding 20/200 in the better eye with maximum correction, or has twenty degrees (20°) or less field of visual concentric contraction. 3 CSR 10-5.205(P)	<input type="checkbox"/> The above resident of Missouri is so severely & permanently disabled as to be unable to move freely without the aid of a wheelchair. 3 CSR 10-5.205(P)
<input type="checkbox"/> The above resident of Missouri with cerebral palsy or a mental disorder as defined in section 630.005, RSMo, and is so severely disabled that s/he cannot fish alone. 3 CSR 10-5.205(Q)	

Section C: (Physician Information)

Physician Name:	License Number:
Medical Facility:	State of License:
Facility Address:	City, State, Zip:
Facility Telephone #:	Facility Fax Number #:
Physician Signature:	Date:

I certify that the above statements are true and correct to the best of my knowledge. I understand that any false statement herein may subject me to the criminal penalties of Section 252.160 RSMo.

Special Note: Missouri Statute 252.160 – Fraudulently Securing License. Any person who shall obtain or cause to be issued any certificate, license, or privilege from this state or any political subdivision thereof, or from any licensing or certifying organization authorized to certify or license by the laws of this state, by any deceit, shall, upon conviction, be deemed guilty of misdemeanor. 5/19

Dear Applicant/Physician:

This form was developed to streamline and enhance the process of acquiring a certified statement of eligibility for those with qualifying medical conditions.

The process is as follows:

1. The applicant completes all information in Section A. The applicant's signature & date are required next to indicators.
2. The physician completes all information in Section B & C. The physician's signature & date are required next to indicators.
3. The applicant must carry this certified statement of eligibility & present this document to any officer authorized to enforce wildlife rules, and to allow such officer to inspect wildlife in possession to determine compliance with rules.

Thank you for your attention to these documents and we hope that you have many years of enjoyment while fishing in the great State of Missouri. If you have questions, please call 573-751-4115.

3 CSR 10-5.205 (P) Any resident of Missouri having a visual acuity not exceeding 20/200 in the better eye with maximum correction, or having twenty degrees (20°) or less field of visual concentric contraction, and any resident who is so severely and permanently disabled as to be unable to move freely without the aid of a wheelchair, may take fish, live bait, clams, mussels, turtles and frogs as provided in Chapter 6 without permit (except trout or daily tag in areas where prescribed); provided, while fishing s/he carries a certified statement of eligibility from a licensed ophthalmologist or optometrist or from a licensed physician.

3 CSR 10-5.205 (Q) Any resident of Missouri with cerebral palsy or a mental disorder as defined in section 630.005, RSMo, and who is so severely disabled that s/he cannot fish alone, may take fish, live bait, clams, mussels, turtles and frogs as provided in Chapter 6 without permit (except trout or daily tag in areas where prescribed); provided, while fishing s/he is accompanied by a licensed adult fisherman and possesses a certified statement of eligibility from a licensed physician qualified to evaluate and treat the developmentally disabled.