

For a special event group fishing license, provide complete information as follows and submit to:

Fee: FREE

DNR Bureau of Customer Service and Licensing
Box 7924
Madison, WI 53707

Notice: Information requested on this form is required by the Department for any application filed pursuant to s. 29.201, Stats. The department may exempt from the requirements of having fishing licenses groups of persons who are developmentally or physically disabled and who are participating in fishing excursions conducted by nonprofit organizations.

Note: *This waiver does not exempt members of the group who are not developmentally or physically disabled from the need for a fishing license if they will also be fishing.*

Non-Profit Organization Information

Provide name and address of non-profit organization that is sponsoring this event.

Organization Name	Tax Exempt Number	
Contact Name	Telephone Number	
Street Address	Fax Number	
City	State	ZIP Code

Event Information

Event Date	Body of Water (Lake or River Name) Where Event is Taking Place	County Where Event is Taking Place
Number of Developmentally Disabled Participants	Number of Physically Disabled Participants	

Certification

I certify that the information provided is true and correct and these persons comply with all the laws regulating the issuance of this license.

Applicant Name	Telephone Number
Applicant Signature	Date Signed

For DNR Use Only - DNR REPLY

- Your group meets the requirements for this special fishing event. Carry this approval form with you on the day of your fishing event.
- A copy of this waiver will be sent to the warden in the county that is indicated above.

Customer Service and Licensing Signature	Date Signed
--	-------------