



## APPLICATION FOR FREE FISHING LICENSE FOR THE BLIND

NAME: \_\_\_\_\_  
STREET  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

HEIGHT: FEET: \_\_\_\_\_ INCHES: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAVE YOU LIVED IN NEW JERSEY FOR SIX MONTHS PRIOR TO THIS APPLICATION? \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_

DOCUMENTATION OF IMPAIRMENT FROM THE NJ COMMISSION FOR THE BLIND & VISUALLY IMPAIRED MUST BE SUBMITTED WITH THIS APPLICATION.

APPLICATION AND DOCUMENTION MUST BE SENT BY MAIL (DO NOT EMAIL OR FAX PERSONAL INFORMATION). MAIL TO THE FOLLOWING ADDRESS:

**NJ DIVISION OF FISH AND WILDLIFE  
MC: 501-03, ATTN: FISHING LICENSES  
PO BOX 420  
TRENTON, NJ 08625-0420**

*ANY PERSON WHO OBTAINS A LICENSE BY GIVING FALSE INFORMATION IS SUBJECT TO PENALTY UNDER LAW.*