



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF FISH AND WILDLIFE
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CHRIS CHRISTIE
Governor

BOB MARTIN
Commissioner

KIM GUADAGNO
Lt. Governor

APPLICATION FOR FREE FISHING LICENSE FOR THE BLIND

NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____ - _____

PHONE NUMBER: (____) ____ - _____

SOCIAL SECURITY #: ____ - ____ - _____ DATE OF BIRTH: ____ / ____ / _____

COLOR OF HAIR: _____ COLOR OF EYES: _____

HEIGHT: _____ 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.

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