WYOMING GAME AND FISH DEPARTMENT SPECIAL LIMITED FISHING PERMIT AFFIDAVIT OF QUALIFICATION

After being duly sworn upon oath, the affiant ____

(name of organization, institution, facility or school)

states as follows:

- 1. The organization, institution, facility or school and individual(s) I represent qualify for the Special Limited Fishing Permit as indicated below by the check mark:
 - _____ Any veterans administration hospital within Wyoming to any hospitalized veteran under its care and supervision, which entitles the hospitalized veteran to fish while under the direct control of the hospital;
 - The department of health or the department of family services to any resident in the veterans' home of Wyoming, Wyoming state hospital, Wyoming life resource center, Wyoming boys' School and the Wyoming girls' School, which entitles the institutionalized resident to fish while under the direct control of the appropriate institution;
 - Any Wyoming private residential facility or group home to any child who is placed in the facility or home pursuant to court order and who is in either protective or temporary legal custody of the state, which entitles the child to fish only while under the direct control and supervision of the facility or home.
 - Any nursing care facility as defined by W.S. 35-2-901 (a)(xvi) and licensed under W.S. 35-2-901 through 35-2-910, to any person under the care and supervision of and residing in the facility, which entitles this person to fish while under the direct control of the facility.

W.S. 35-2-901 (a)(xvi) defines nursing care facility as a facility providing assisted living care, nursing care, rehabilitative and other related services.

- Any Wyoming accredited school, to any enrolled student who is participating in a curriculum based program as described in W.S. 21-9-101, which entitles the student to fish while under the direct supervision of the school.
- 2. As a condition of accepting the special limited fishing permit authorization, the organization, institution, facility or school does hereby agree as follows:
 - A. Any organization, institution, facility or school designated by the Department to issue special limited fishing permits as specified in W.S. 23-2-207 will issue such permits to fish in accordance with Commission Regulation Chapter 46, Fishing Regulations.
 - B. Special limited fishing permits shall specify the following information:
 - (a) Name and date of birth of individual to whom the permit is issued.
 - (b) Day for which the permit is valid.
 - (c) Name of organization, institution, facility or school issuing the permit.
 - (d) Name of person employed by the organization, institution, facility or school who issued the permit.
 - (e) A statement shall occur on the permit that states the permit holder shall comply with all state laws and Commission Regulation, Chapter 46, Fishing Regulations governing creel limitations and fishing methods and Chapter 44, Regulation for Issuance of Licenses.

- C. The individual is authorized to fish only while under the direct control of the organization, institution, facility or school. Direct control is defined as in the accompaniment of an employee of the appropriate organization, institution, facility or school that issued the special limited fishing permit.
- D. Any organization, institution, facility or school, designated by the Department to issue special limited fishing permits, shall submit an annual report to the Department's License Section. The report shall be due on or before January 31 following the reporting period year.
- E. The individual named in Section 3, of this Affidavit shall be responsible for submitting the annual report. In the event that this individual is no longer in the capacity to represent the organization, institution, facility or school, the Wyoming Game and Fish Department, License Section Manager, must be notified.
- 3. I, _______(name) represent the ______(name of organization, institution, facility or school) and am executing this document on their behalf for the purposes of receiving authorization for special limited fishing permits.

STATE OF WYOMING)) SS. ACKNOWLEDGMEI	NT BY REPRESENTATIVE
COUNTY OF)	
		, (<i>name</i>) who acknowledged , (organization, institution, facility or cipal for the purposes of receiving authorization
Witness my hand and official scale	Representative	
Witness my hand and official seal: My Commission expires:	Notary Public	L

PLEASE IDENTIFY:

Contact Name	
Organization, Facility, Institution or School	
Physical Address	
Phone	

RETURN FORM TO:

Wyoming Game and Fish Department License Section Manager 5400 Bishop Boulevard Cheyenne WY 82006-0001