

WYOMING GAME AND FISH DEPARTMENT

APPLICATION FOR A DISABLED HUNTER <u>COMPANION PERMIT</u>

\$5.00 PERMIT FEE

OFFICE USE ONLY					
PERMIT #:					
DATE:					
INITIALS:					

INFORMATION FOR DI (PLEASE PRINT)	SABLED HUNTER	COMPA	ANION PER	MIT (TO	BE ISSUEL	<u>)):</u>	
Last Name	First Name	M.I.	Suffix	Date of Birth (MM/DD/YYYY)		XXX-XX- Social Security Number (Last 4 digits required)	
Mailing Address		City		State	Zip Code	Daytime Phone Number	
Physical Address		City		State	Zip Code	Email Address (optional)	
Weight	Height (Ft - Inches	s)	Eye Co	olor Hair C		Color Sex	
Signature and Date (Disabled Hunter COMPANION'S Signature)			or		ent/Legal Guar ompanion is under th	dian's Signature and Date le age of 18)	
	you would like your e-mail ner Information given on ap					public information as per state law provided by law.	
INFORMATION FOR <u>DI</u> (PLEASE PRINT)	SABLED HUNTI	ER PER	MIT (PREVI	OUSLY	ISSUED):		
Last Name	First Name	M.I.	Suffix	Date of Birth (MM/DD/YYYY)		XXX-XX- Social Security Number (Last 4 digits REQUIRED)	
Mailing Address		City	State	e Zip Code		Daytime Phone Number	
Physical Address		City	State	Zip Co	ode	Email Address (Optional)	
DISA	BLED HUNTER PI	ERMIT N	UMBER ISSU	ED BY 7	THE DEPART	MENT:	
PERMIT #:			DAT	ATE ISSUED:			
I REQUEST THE ISSUANC	E OF A DISABLED HUI	NTER COM	PANION PERMIT	ТО ТНЕ С	OMPANION NAM	MED IN THIS APPLICATION.	
	Disa	abled Hun	ter's Signature	and Date	<u> </u>		

NOTE: ONLY CERTIFIED CHECK, CASHIER'S CHECK OR MONEY ORDER WILL BE ACCEPTED. PERSONAL CHECKS WILL BE ACCEPTED FROM WYOMING RESIDENTS. NO TWO PARTY CHECKS ACCEPTED.

Permits are issued only at Wyoming Game and Fish Department Regional Offices located in JACKSON, PINEDALE, CODY, SHERIDAN, GREEN RIVER, LARAMIE, LANDER, CASPER or the Wyoming Game and Fish Headquarters located in CHEYENNE. Applications can be mailed to: Wyoming Game and Fish Department, License Section, 5400 Bishop Boulevard, Cheyenne, WY 82006-0001.