

APPLICATION FOR ALABAMA RESIDENT DISABLED FISHING LICENSE

An Alabama Resident Disabled Fishing License can be purchased at the main office of the License Commissioner located at 3925-F Michael Boulevard (corner of Azalea Road and Michael Boulevard).

For Mail Orders, return this form with: 1) Copy of Alabama driver's license and 2) \$1.00

Mail to:
Carol R. Norris
License Commissioner
P. O. Drawer 161009
Mobile, AL 36616

Take application to your physician. Your physician must complete the Physician's Statement and sign.

Print or Type Only

Name: _____

Residence Address: _____

Mailing Address (if different from residence): _____

City: _____ Zip: _____

Date of Birth: _____ Age: _____ Driver's License Number: _____

Color Hair: _____ Color Eyes: _____ Height: _____ Weight: _____

Signature: _____ Date: _____

Social Security Number*: _____ Telephone Number: _____

Email Address (optional): _____

*The disclosure of your social security number is required pursuant to Section 30-3-194 (a) *Code of Alabama 1975* and will be supplied to the Alabama Department of Human Resources to enforce orders of child support.

Telephone Number: _____ Social Security Number: _____

-----Physician's Only-----

Physician's Statement:

(Excerpt of Section 9-11-54, *Code of Alaama 1975*)

For the purpose of this license the term "disabled" means inability to engage in any substantial gainful activity by reason for any medically determinable physical impairment which can be expected to result in death or in blindness or to be long continued and indefinite duration. The term "blindness" as used in this section, means central visual acuity of 5/200 or less in the better eye with the use of a corrective lens. An eye in which the visual field is reduced to five degrees or less concentric contraction shall be considered for the purposes of this section as having a central visual acuity of 5/200 or less.

Type of Disability: _____

If Blindness: Visual acuity: _____

Duration fo Disability: _____

This is to certify that the applicant named above is totally disabled as defined by Section 9-11-54, Code of Alabama 1975.

Name of Physician: _____

Signature of Physician: _____ **Date:** _____