



**APPLICATION FOR AN ANGLING LICENCE FEE REDUCTION
(DISABLED B.C. RESIDENTS ONLY)**

This application is to be completed by any B.C. Resident with a **severe and permanent physical or mental disability** who wishes to obtain an annual Non-Tidal Angling Licence for a reduced fee. Note: Non-tidal Angling licences are not required for anglers under 16 years of age.

Application Instructions

Please read each part of the application carefully and ensure all required information is provided. Please note that if you can provide documentation **for any ONE program listed in PART B, you DO NOT have to complete PART C.** Be sure to sign and date the Declaration Statement in PART D.

Completed applications should be presented to a Service BC office. To locate a Service BC office, refer to the website at <http://www.servicebc.gov.bc.ca/locations/index.html>. Alternatively, applications can be mailed to the Fish, Wildlife & Habitat Management Branch, Ministry of Forests, Lands, and Natural Resource Operations, PO Box 9363 Stn Prov Govt, Victoria BC V8W 9M2. **Do not send cash or cheques in the mail.**

PART A: APPLICANT'S INFORMATION

To be completed by applicant or guardian (if guardian please indicate)

Surname _____ First Name _____ Initial _____

Address _____ City _____

Postal Code _____ Telephone No. _____ Date of Birth ____/____/____
Year Month Day

Email: _____

PART B: PERSONAL PROOF OF DISABILITY - To be completed by applicant or guardian

Check any ONE of the applicable boxes and produce the document indicated in parentheses. **Note:** If you are submitting your application by mail, attach a photocopy of the supporting documentation.

I have been approved for and currently benefit from one of the following programs due to my disability:

- Persons with Disabilities (PWD) designation** under the *Employment and Assistance for Persons with Disabilities Act*, provincial Ministry of Employment and Income Assistance (produce written confirmation from the Ministry indicating that you have been approved for and are currently receiving this benefit.) **NOTE:** Cheque stubs are **NOT** acceptable documentation.
- Home Owner Grant** (produce a completed copy of FORM B – Certificate of Physician & Property Owner.)
- Fuel Tax Refund Program for Persons with Disabilities** (produce your letter of qualification from the Ministry of Small Business and Revenue or your Application for Registration form completed by your physician.)
- Handicapped Driver Discount** (produce a photocopy of your Owner's Certificate of Insurance and Vehicle Licence, including the Coverages Fees and Premiums portion from ICBC.)
- B.C. Ferries Disabled Status** (produce a copy of your B.C. Ferries Disabled Status Identification Card.)
- Parking Permit Program for People with Disabilities** - SPARC of BC or Disability Resource Centre (produce a photocopy of your completed parking permit application form, signed by a doctor certifying that you have a **permanent** disability.)
- I am registered with an institution for the sight, speech or hearing impaired** (produce a photocopy of official documentation verifying that you have a permanent disability.)
- Canada Pension Plan DISABILITY** (produce official documentation verifying that you have been approved for and are currently receiving this benefit).

If ONE of the above documents is provided, DO NOT COMPLETE PART C.

PART C: MEDICAL USE ONLY

To be completed by a practicing registered B.C. physician or practicing registered B.C. nurse. This service is not covered by the B.C. Medical Services Plan. Any charge for this service is the applicant's responsibility.

I have access to this applicant's medical records and hereby certify that _____

Name of Applicant

has a severe disability that will continue indefinitely without fundamental or marked improvement AND, as a result, the disability impedes this person's normal daily activities (e.g., preparation, serving and eating of meals; mobility; managing personal affairs; etc.)

Date _____ / _____ / _____
Year Month Day

BC Physician MSC No.
BC Nurse Registration No.

Please Print Name

Signature of Physician or Nurse

Name and Address of Medical Office or Facility

Telephone No.

PART D: DECLARATION STATEMENT – THIS SECTION MUST BE COMPLETED

To be completed and signed by applicant or guardian (if guardian please indicate)

I, _____, do solemnly declare that my disability is severe, permanent and impedes my daily activities (e.g., assistance required in preparation of meals; mobility, and managing personal affairs; etc).

I also solemnly declare that the information provided is true, and I understand that it is an offence under the *Wildlife Act* to make a false statement.

SIGNATURE _____ **DATE** _____

PART E: FOR GOVERNMENT USE ONLY

Prior to issuing an angling licence, **please check the following:**

- PART A: Applicant's information is complete.
- PART B: Appropriate disability documentation was produced, **OR**
- PART C: A Physician or Nurse has completed the required information
- PART D: The applicant/guardian has signed and dated the Declaration Statement.

**I HAVE 1) APPROVED THIS APPLICATION
2) ISSUED AN ANGLING LICENCE**

Angler number: _____

PRINT NAME _____ SIGNATURE _____

TELEPHONE NO. _____ LOCATION _____ DATE _____