



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

This application is to be completed by any B.C. resident (refer to the *Freshwater Fishing Regulations Synopsis* for definition of “resident”) with a **severe and permanent physical or mental disability** who wishes to obtain an annual Non-Tidal Angling Licence at the reduced fee of \$1.06 (including G.S.T.). Note: 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, **if you can provide documentation for any ONE program listed in PART B, DO NOT complete PART C.** Be sure to sign and date the Declaration Statement in PART D.

Completed applications should be submitted to a Government Agent or the Fish & Wildlife Branch, Ministry of Environment, PO Box 9363 STN PROV GOVT, Victoria BC V8W 9M2. Consult the blue pages under “G” in your local telephone directory for the nearest Government Agent or refer to the web site at www.env.gov.bc.ca/fw/fish/recreational.html – select Licence Vendor Search under Angling Licences and fees.

Licence Information

DO NOT DISCARD YOUR LICENCE WHEN IT EXPIRES. It may be presented as proof of eligibility for the Angling Licence Fee Reduction Program when replacing your licence next year. You do not need to reapply each year. Should your licence be lost, stolen or destroyed, your disability status can be confirmed by any Government Agent.

PART A: APPLICANT’S INFORMATION - To be completed by applicant or guardian

Surname _____ First Name _____ Initial _____

Address _____ City _____

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

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 **ONLY** if any one of the documents in PART B cannot be provided.

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

To be completed by applicant or guardian

I, _____, do solemnly declare that my disability is severe, permanent and impedes my daily activities (e.g., preparation, serving and eating of meals; mobility; managing of 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** _____
Applicant or Guardian (if Guardian, please indicate)

PART E: FOR GOVERNMENT AGENT 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, AND
3) ATTACHED THE LICENCE COUNTERFOIL.**

PRINT NAME _____ SIGNATURE _____

TELEPHONE NO. _____ LOCATION _____ DATE _____