WEST VIRGINIA
Division of Natural Resources and
Department of Health and Human Resources

DEVELOPMENTALLY DISABLED RESIDENT FISHING LICENSE (DDFL) APPLICATION

As a Physician / APRN licensed by the State of West Virginia, I do hereby certify that the following individual has a developmental disability, pursuant to the criteria specified below:

The term "Developmentally Disabled" as used in W. Va. Code §20-2-28(j) refers to a person with a severe, chronic disability as described below (check all statements that apply to the applicant):

(1) He/she has a mental or physical impairment, or a combination of mental and physical impairments;

(2) It was manifested before the person attained age twenty-two;

(3) It has resulted in substantial functional limitations in three or more of the following areas of major life activity:

☐ Self care; ☐ Learning; ☐ Mobility; ☐ Receptive and expressive language; ☐ Self-direction ☐ Capacity for independent living ☐ Economic self-sufficiency; and

(4) The individual's disability is reflected in the person's need for a combination and sequence of care, treatment, or supportive services, which are of lifelong or extended duration and are individually planned and coordinated.

_____

Physician / APRN Signature *License Number* *Date*

_____

PRINT Physician / APRN Name

Applicant Information:

Last Name_____First Name_____MI_____

Street Address_____

City _____ State _____ Zip Code_____

Birth Date: ____/____/____ Eye Color: _____ Sex: ☐ Male ☐ Female

Social Security Number: _____

Driver's License or ID # _____ Expiration Date: _____

Height:_____ Weight:_____ Phone #_____

I hereby certify under penalty of perjury that information provided on this form is true to the best of my knowledge and belief and that I am now and have been a resident of West Virginia for the past 30 days. I also hereby authorize the Department of Health and Human Resources to release this form to the Division of Natural Resources so that the applicant may obtain the free fishing license under the WV Code.

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Signature of Applicant, Guardian ***Date***

I hereby certify that based on the information above, this person meets the criteria for being developmentally disabled as specified in W. Va. Code §20-2-28(j).

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Secretary, Department of Health and Human Resources ***Date***

Send completed application, with original signatures to:
West Virginia Division of Natural Resources
Attn: License Section
324 Fourth Avenue
South Charleston, WV 25303