



## 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 Wildlife Branch, PO Box 9363 Stn Prov Govt, Victoria BC V8W 9M8. **Do not send cash or cheques in the mail.**

### PART A: APPLICANT'S INFORMATION

To be completed by applicant or guardian on behalf of applicant

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone # \_\_\_\_\_ 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 Health Professional & 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.)

**ICBC Disability 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 Benefit** (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** \_\_\_\_\_

Completed/Signed by Applicant's Guardian

**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 Angler Number: \_\_\_\_\_**  
**2) ISSUED AN ANGLING LICENCE**

EMPLOYEE NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_