

# Application For Alabama Resident Disabled Fishing License

Take application to your physician. A physician must fill out the physician's statement and sign.

Return the completed application to the Probate Judge, Revenue Department, License Commissioner in your county of residence.

PRINT OR TYPE ONLY

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **PHYSICIANS ONLY** \*\*\*\*\*

**PHYSICIAN'S STATEMENT:**  
(EXCERPT OF SECTION 9-11-54, CODE OF ALABAMA 1975)

*FOR THE PURPOSE OF THIS LICENSE THE TERM "DISABLED" MEANS INABILITY TO ENGAGE IN ANY SUBSTANTIAL GAINFUL ACTIVITY BY REASON OF 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 PURPOSE OF THIS SECTION AS HAVING A CENTRAL VISUAL ACUITY OF 5/200 OR LESS.*

Type of Disability: \_\_\_\_\_

If Blindness, Visual Acuity: \_\_\_\_\_

Duration of Disability: \_\_\_\_\_

This is to certify that the applicant named above is totally disabled as defined by Section 9-11-54

Name of Physician: \_\_\_\_\_  
(Type or Print)

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_