



2019 FREE LOW INCOME NATIVE AMERICAN SPORT FISHING LICENSE APPLICATION

Free licenses are available only to Native Americans and their lineal descendants who:

- 1. Have resided continuously in California for the last six months;
2. Have never been convicted of a violation of the Fish and Game Code; and
3. Have a total annual household income which does not exceed federal poverty guidelines. See chart below for amounts. Add \$4,320 for each additional family member exceeding six.

Table with 2 columns: Family Members in Household, Maximum Annual Household Income. Rows: 1 (\$12,140), 2 (\$16,460), 3 (\$20,780)

Table with 2 columns: Family Members in Household, Maximum Annual Household Income. Rows: 4 (\$25,100), 5 (\$29,420), 6 (\$33,740)

Licenses will not be issued to applicants whose applications have not been completely filled out, or whose tribal affiliation has not been verified by a tribal registry or the Bureau of Indian Affairs.

I. APPLICATION INFORMATION

Form with fields: DMV/STATE ID NUMBER, STATE, GO ID NUMBER (IF AVAILABLE), FIRST NAME, M.I., LAST NAME, MAIDEN NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, DAY TELEPHONE, SEX (MALE/FEMALE), HAIR COLOR, EYE COLOR, HEIGHT (Ft., In.), WEIGHT, DATE OF BIRTH

II. BUREAU OF INDIAN AFFAIRS VERIFICATION

Submit one of the following methods of documentation as proof of tribal enrollment:

- A Certificate of Degree of Indian Blood (CDIB) from the Bureau of Indian Affairs;
• An official tribal roll card with roll number; or
• Certification of tribal enrollment (Submit this application to the superintendent of the appropriate Bureau of Indian Affairs office for completion of section below.)

THIS SECTION TO BE COMPLETED BY BUREAU OF INDIAN AFFAIRS ONLY IF CDIB OR TRIBAL ROLL CARD IS NOT INCLUDED

Form with fields: NAME AND TITLE OF CERTIFYING OFFICIAL, CERTIFYING OFFICIAL'S TELEPHONE NUMBER, CERTIFYING OFFICIAL'S ADDRESS, CITY, STATE, ZIP CODE, NAME OF TRIBE OR BAND, ROLL NUMBER, SIGNATURE OF CERTIFYING OFFICIAL

COUNTY OF RESIDENCE:

Table with 3 columns: County names (San Bernardino, Riverside, San Diego, Santa Barbara, Los Angeles, Ventura, Orange, or Imperial; Del Norte, Shasta, Siskiyou, Humboldt, or Trinity; All other counties), Bureau of Indian Affairs Agency names and addresses for each county.



III. INCOME VERIFICATION

In the space provided below, write the total annual gross income to the nearest dollar for yourself and all family members living with you. This includes income from any and all sources, including: salaries, commission, bonuses, social security or other pensions, unemployment insurance, rent, interest, welfare payments, grants, educational allowances, etc.

Your total annual gross income (before deductions) \$ _____ per year

Name of Each Family Member Living in the Household	Age	Relationship (spouse, son, parent, etc.)	Total Annual Income
<i>Total Gross Annual Income for Yourself and All Family Members</i>			\$ _____

IV. APPLICATION CERTIFICATION

I hereby certify under penalty of perjury that the information given on this application is true and correct to the best of my knowledge; that I have not been convicted of any Department of Fish and Wildlife violation; that I have resided continuously in California for six months or more immediately prior to the date of submitting this application; and that the incomes shown are complete, true, and correct.

Signature of Applicant _____

Send this completed application to:

**California Department of Fish and Wildlife
License and Revenue Branch
1740 North Market Blvd.
Sacramento, CA 95834**

YOU MUST INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR DMV/ID WITH THIS FORM

