

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 \$4,070 for each additional family member exceeding six.

Family Members in Household	Maximum Annual Household Income		
1	\$11,770		
2	\$15,840		
3	\$19,910		

Family Members in Household	Maximum Annual Household Income		
4	\$23,980		
5	\$28,050		
6	\$32,120		

GO ID NUMBER (FROM ALDS ISSUED LICENSE)

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. You may renew your free license by sending this application and previous free license directly to the California Department of Fish and Wildlife. Re-verification of tribal affiliation is not required when submitting application with previous free license. In this case, complete sections I, III and IV only.

STATE

## I. APPLICATION INFORMATION

DMV/STATE ID NUMBER

FIRST NAME	N	M.I.	LAST NAME			MAIDEN NAME	
MAILING ADDRESS							
CITY			STATE	ZIP CODE	DAY TELEPHONE		
SEX  MALE FEMALE	HAIR COLOR	EYE COL	LOR	HEIGHT (Ft., In.)	WEIGHT	DATE OF BIRTH	
II. BUREAU OF INDIAN	AFFAIRS VERI	IFICATION	N				
Submit this application to the superintendent of the appropriate Bureau of Indian Affairs Office (see reverse) or provide proof (copy of tribal roll card, etc.) of the tribal affiliation for you or your ancestor through whom you are claiming eligibility.  If enrolled with a tribe or band, give the name of the tribe or band, and your latest roll number:							
NAME OF TRIBE OR BAND			ROLL NUMBER				
If not enrolled, give name, d	ate of birth, tribal a	affiliation ar	nd roll number	of ancestor throu	gh whom you are cla	aiming eligibility:	
FIRST NAME			M.I.	LAST NAME		DATE OF BIRTH	
TRIBAL AFFILIATION				ROLL NUMBER			
COUNTY OF RESIDENCE:							

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	Bureau of Indian affairs	Bureau of Indian affairs
South California Agency	Northern California Agency	Central California Agency
1451 Research Park Dr., Suite 100	364 Knollcrest Drive, Suite 105	650 Capital Mall, Suite 8-
Riverside, CA 92507	Redding, CA 96002-0175	500Sacramento, CA 95814

OUT OF STATE TRIBES OR BANDS: Submit your application to Bureau of Indian Affairs Office having custody of records for your tribe or band, or submit proof that you are on the tribal registry of an out of state tribe or band. I hereby certify that the applicant is an American Indian or lineal descendant. Department of the Interior **BUREAU OF INDIAN AFFAIRS** Βv Title Address City III. INCOME VERIFICATION You must show 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 Family Member Living Relationship Total Annual Income With You (if none, write "None") (Wife, son, parent, etc.) (if none, write "None") <u>Age</u> Total Gross Annual Income for Yourself and All Family Members 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 Description of additional items is available online at www.wildlife.ca.gov/licensing/fishing CHECK BOX(ES) FOR ADDITIONAL ITEMS YOU WISH TO PURCHASE: OCEAN ENHANCEMENT VALIDATION - \$4.89 ☐ ABALONE REPORT CARD - \$21.37 ☐ STEELHEAD REPORT CARD - \$6.70 □ NORTH COAST SALMON REPORT CARD - \$5.92 ☐ SPINY LOBSTER REPORT CARD - \$9.01 ☐ SECOND ROD VALIDATION - \$13.91 ☐ STURGEON FISHING REPORT CARD – \$7.73 TOTAL: ☐ Check\* ☐ Money Order\* ☐ Visa ☐ Mastercard Indicate type of payment: \*Make checks or money orders payable to California Department of Fish and Wildlife \_\_|\_\_|•|\_\_\_| (Please do not send cash) EXPIRATION DATE (MM/YY): | | | / | | CVC Number (On back of credit card) I authorize CDFW to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with

Send this completed application to any California Department of Fish and Wildlife office listed at: <a href="https://www.wildlife.ca.gov/explore/organization/LRB">www.wildlife.ca.gov/explore/organization/LRB</a>.

SIGNATURE:

the issuing bank cardholder agreement.

PRINT NAME: (As it appears on credit card)

DATE: (MM/DD/YYYY)