

Fish or Troll With Electric Motor Permit Application

Form 3600-162 (R 11/09)

Check here if renewal.

An **initial** Class A permit is valid for the 5-year period specified on the permit.
 Upon **renewal**, a Class A permit is valid for the 10-year period specified on the permit.

Notice: Use of this form is required by the DNR for any application filed pursuant to s.29.193, Wis. Stats. The DNR will not consider your application unless you complete and submit this form. Personally identifiable information provided may be used to determine identity of the applicant, participation in natural resources surveys, eligibility for approvals and other enforcement purposes.

LEAVE BLANK-DNR USE ONLY	
Permit Number	Date Issued
Expiration Date	Issued By
Customer ID Number	

SECTION I - TO BE COMPLETED BY APPLICANT (Type or print legibly)

Applicant Name			Driver's License Number		
Street or Route			Home Phone Number (incl area code)		
City, State, ZIP Code			County of Residence		Previous Permit Number
Date of Birth (Mo. - Day - Year)	Color Eyes	Color Hair	Weight	Height	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

I hereby certify that the above information is true and correct, and I hereby authorize the Department of Natural Resources to examine all medical records regarding my disability.

Applicant Signature	Date Signed
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29.193(1) DISABLED PERSONS:TROLLING PERMITS

- (a) After proper application, the Department shall, after due investigation and without charging a fee, issue a trolling permit to any person who meets the requirements under s. 29.193(2)(c) or ss. 29.171(4)(a)2. 3 or 4, Wis Stats.
- (b) A person holding a current fishing license and a trolling permit, or a Class A, B or C permit, may fish or troll in the waters of this state using an electric motor, notwithstanding any municipal ordinances or local regulations adopted under s. 30.77(3), Wis Stats., that prohibit the use of motor boats on navigable waters, or subject to rules promulgated by the department.

SECTION II - TO BE COMPLETED BY LICENSED PHYSICIAN OR CHIROPRACTOR

1. s.29.171(4)(a)2. Has an amputation or other loss of one or more arms above the wrist. Yes (Attach brief description) No
2. s.29.171(4)(a)4. Has a permanent substantial loss of function in one or both arms or one or both hands and fails to meet the minimum standards of any one of the following standards tests, administered under the direction of a licensed physician or chiropractor: Yes (Attach test results) No
- Upper extremity pinch
 - Grip
 - Nine-hole peg tests

Name of Physician or Chiropractor (Please Print)	Medical License Number	Date Signed
Signature of Physician or Chiropractor	Phone Number (include area code)	Fax Number (incl area code)
Address	Mail Application To: Department of Natural Resources Disabled Permit Applications - CS 1 PO Box 7924 Madison, WI 53707 (please allow 6 weeks for review and processing)	
City, State, ZIP Code		