



NEW HAMPSHIRE FISH AND GAME DEPARTMENT
11 Hazen Drive, Concord, NH 03301
www.wildlife.state.nh.us

COMPLIMENTARY FISHING PERMIT

RSA 214:14H

12/06

Complimentary fishing permits may be issued upon application to a person who is a resident of the state of New Hampshire and who qualifies under the following categories:

- a patient at a state or county institution
- a patient at a nursing home facility or veterans hospital
- a person who is developmentally disabled as defined in RSA 171-A:2, V or
- a patient in a head injury treatment program.

The group fishing permit for state or county institutions, nursing home facilities or veteran's hospitals shall be requested by letter to the Department. The letter shall include name and address of facility, name and phone number of the contact person, number of patients or residents to be included and signature of applicant.

In addition to the fishing rules and regulations of the Fish and Game Department, the following rules apply to persons holding a complimentary fishing permit.

FIS 1104.06

Permittee shall be under the direct supervision at all times while fishing.

The person supervising the permittee shall not assist in the taking of fish without a fishing license as required by RSA 214:1.

Patients or residents in alcohol or drug abuse programs shall not be eligible for complimentary fishing permits.

The complimentary fishing permit shall be permanent except for permits issued to persons participating in a head injury treatment program. These permits shall be valid while the person is in a full time, residential head injury treatment program.

RSA 171-A:2

V. "Developmental disability" means a disability:

- (a) Which is attributable to mental retardation, cerebral palsy, epilepsy, autism or a specific learning disability or any other condition of an individual found to be closely related to mental retardation as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for mentally retarded individuals; and
- (b) Which originates before such an individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society.



**NEW HAMPSHIRE
FISH AND GAME DEPARTMENT**
11 Hazen Drive, Concord, NH 03301

BUS0621B.P7/REV. 12/06
FOR OFFICE USE ONLY
License # _____
Date Issued _____

COMPLIMENTARY FISHING PERMIT APPLICATION

RESIDENTS AND PATIENTS AT CERTAIN INSTITUTIONS.

RSA 214:14 H FIS 1103.02

APPLICANT'S SECTION

I hereby make application to the Director of the New Hampshire Fish and Game Dept. for a complimentary fishing permit. Permittee shall be under direct supervision at all times while fishing.

PLEASE TYPE OR PRINT CLEARLY

| | | | |
|---|-------|-----|--|
| NAME OF APPLICANT | | | DATE |
| NAME OF PARENT, CASEWORKER, COUNSELLOR OR LEGAL GUARDIAN | | | Anticipated period of treatment (head injury patients only.) |
| STREET AND MAILING ADDRESS | | | () DAYTIME TELEPHONE |
| CITY/TOWN | STATE | ZIP | () HOME TELEPHONE |
| Date of Birth _____ Height _____ Weight _____ Age _____ Hair _____ Eyes _____ Sex _____ | | | |

RESIDENT AFFIDAVIT: I certify that I am a resident of New Hampshire and that I do not claim residence in any other state for any purpose (the word residence as used, shall mean domicile.)

| | |
|--|------|
| APPLICANT'S (OR LEGAL GUARDIAN, IF DEVELOPMENTALLY DISABLED) SIGNATURE | DATE |
|--|------|

Permittee subject to penalties for making unsworn false statements under RSA 641:3.

After completing this part bring to your physician.

PHYSICIAN'S SECTION

| | |
|-------------------------|-------------------------------|
| Name of Physician _____ | |
| MAILING ADDRESS | () OFFICE TELEPHONE |

Do not certify this applicant unless you are convinced that they meet the requirements as defined in RSA 171-A:2 or RSA 214:14-h, as written on the back of this form.

I hereby certify the above named applicant is suffering from a developmental disability meeting the following criteria as outlined in RSA 171-A:2.

- Is attributed to mental retardation, cerebral palsy, epilepsy, autism, or a specific learning disability.
- The disability originated before the age of 22.
- The disability is expected to continue indefinitely.
- Constitutes a severe disability to the individual's ability to function normally in society (needs supervision).

| | | |
|-----------------------|----|------|
| PHYSICIAN'S SIGNATURE | MD | DATE |
|-----------------------|----|------|

This application is subject to review by a medical review board at the expense of the applicant. After completion by physician, send application to: New Hampshire Fish and Game, 11 Hazen Drive, Concord, NH 03301

RSA 171-A:2

V. "Developmental disability" means a disability:

(a) Which is attributable to mental retardation, cerebral palsy, epilepsy, autism, or a specific learning disability, or any other condition of an individual found to be closely related to mental retardation as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for mentally retarded individuals; and

(b) Which originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society.

RSA 214:14-H. Residents and Patients at Certain Institutions; Complimentary Fishing Permits.

I. The executive director may issue, upon application, a complimentary fishing permit to a state or county institution, nursing home facility, or veterans hospital, or to a person who is both a resident of the state and is:

(a) A resident or patient at a state or county institution, nursing home facility, or veterans hospital, or a person who is developmentally disabled, as defined by RSA 171-A:2, V; or

(b) A patient at a head injury treatment program.

II. The executive director may adopt rules pursuant to RSA 541-A, including, but not limited to:

(a) Criteria for establishing medical need.

(b) The basis of institutionalization, form of treatment, and applicable facilities.

(c) The number and form of the permits.

(d) The supervision and use of the permit.

(e) The time periods and other conditions of the permit.

(f) Reporting requirements.

(g) Any definitions.

(h) Fee schedules for group or facility permits.