2009 - Group Home Fishing Permit Applications

State of Maine, Department of Inland Fisheries & Wildlife
284 State Street, Station #41, Augusta, Me. 04333
Fax - 207-287-8094

Office use only

User Type | Change

☐ New Applicant 1819 **No Fee** Moses ID _____

☐ Renewal Applicant Last year licensed _____ User ID#_____

Administrator's Name _____ Date of Birth _____
last first mi

Facility/Home Name _____ Social Security #/Federal Id # _____

Mailing Address _____
street or box # town/city state zip code

Physical Address _____
street or box # town/city state zip code

Legal Residence (town) _____ Phone # _____
(state & zip code if different from above)

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1. Licensed with the Dept of Human Services as _____
type of home

2. The Following Groups are eligible for this free permit. Circle the letter of the one which applies to your home:

   A. Clients of the Department of Health and Human Services who reside in licensed facilities for persons with mental retardation or licensed facilities for the treatment of mental illness.

   B. Groups of full-time patients at a nursing home, as defined in Title 22, Section 1812 - A.

   C. Recipients of services provided by a facility licensed under Title 22, Chapter 1663.

   D. Recipients of services provided by a facility licensed under Title 22, Section 3086.

3. Home is licensed under what Title, Section_____

_____ _____
Signature Administrator/Director Date