# DISABLED SALTWATER FISHING THREE-DAY EVENT LICENSE

Alabama Game, Fish and Wildlife Law; Article 2; beginning with 9-11-56.4:

# **PRIVILEGE:**

- Allows sanctioned events hosting disabled <u>participants of the event</u> to fish for 3 consecutive days in Alabama.
- Event license permits up to 20 disabled participants (and up to 20 assistants) on one event license
- Each identified assistant can participate in fishing activities during the event but must
- remain with the disabled angler when fishing.
- Each additional disabled participant over the 20-participant limit will be \$5.00.
- Assistants must not be listed on the application as a fisherman.
- The license is only valid for the dates specified on the license.

### NOTE:

- The event coordinator and each participant must submit a copy of their current driver's license
  or state identification. Veterans must submit their VA paperwork showing a disability of 20% or
  more. Social Security Disability applicants must provide their Benefits Verification Letter or their
  Awards Letter proving disability.
- The applications must be submitted 10 business days prior to the event start date.
- If the event will include fishing for reef fish (snapper, grouper etc.) then the coordinator must also purchase the reef fish endorsement. The cost is \$10.00 for the event.
- If fishing is conducted from a vessel, this vessel registration form must be completed and submitted with coordinator application.

#### COST:

- \$100.00 license (includes up to 20 participants)
- \$5.00 for each participant over 20.

## **HOW TO PURCHASE YOUR LICENSE:**

- Download an application at
  - www.outdooralabama.com/licenses/saltwater-recreational-licenses
- Mail to:

ADCNR, Marine Resources Division

Attn: License Sales

PO Drawer 458, Gulf Shores, AL 36547

• Or email to Marine.Resources@dcnr.alabama.gov

For questions regarding this license: (251) 968-7576 or Marine.Resources@dcnr.alabama.gov



# DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES MARINE RESOURCES DIVISION



# DISABLED SALTWATER FISHING THREE DAY EVENT LICENSE

Cost: \$100.00

Event Beginning Date:		_ Ending Date:		
Physical Address:				
City:	County:	State:	Zip:	
Resources to qualify for	de for the event to be sanctione the Disabled Saltwater fishing th cants, and 20 assistants. Each bmit a picture ID.	ree-day event license.	This event lice	ense can include
Approved:				
Name and Title			Date	
and disability paper wo of Conservation and Na Drawer 458, Gulf Shore		Resources Division US Postal Service Questions:	coordina ., Attn: Lice delivery: 9 (251)	TOR, to: Dept. ense Sales, PO 999 Commerce
Phone:	email:			
Driver's License State &	#:			
(1) Social Security #:	<del>-</del>			
Address, City, State, Zip:				
Coordinat Check [ the list.	or's Signature: ] to be excluded from vendor m	Date ailing list sold by DCNF	e: R. If blank, you	u will be included in

Name: FIRST	MIDDLE	LAST		
Social Security #:	DL Sta	ate & #:	Sex:	- Male - Female
Onto of Diethy	Frank.		Weight:	
Date of Birth:	Email		—— Height:	
ddress:			 Eye color:	
ity:	State:		Hair color:	
<i>ny</i>	Oldio.			
Phone:	_		Race:	
		ded from list sold by DCNR. If blank	, you will be included.	
isherman # 2: All information	is required. Attach copy of driver's lice	nse or picture id.		
lame: FIRST	MIDDLE	LAST		
			Sex:	- Male
Social Security #	DL Sta	ate & #:		Female
Date of Birth:			Weight:	
			Height:	
Address:			Eye color:	
Dity:	Stato.	<i>Zip:</i>		
oity	State.		7.14 66.677	
Phone:	_		Race:	
Check to be: [ ] excluded from [	OCNR email updates and [ ] exclude	ded from list sold by DCNR. If blank	, you will be included.	
isherman # 3: All information	is required. Attach copy of driver's lice	nse or picture id.		
Name:				
FIRST	MIDDLE	LAST	Sex:	Male
<sup>1)</sup> Social Security #:	DL Sta	nte & #:		- Female
Date of Birth:	<i>Email:</i>		Weight:	
			Height:	
			Eye color:	
Address:				·
Address:		Zip:		

<sup>(1) &</sup>lt;u>DCNR is now required by Section 30-3-194(a) Code of Alabama 1975 to collect social security numbers on all issued or renewed licenses.</u>

Name: FIRST	MIDDLE	LAST		
) Social Security #:	DL Sta	ate & #:	Sex:	Male Female
Date of Birth:	Email:		Weight:	
Pate of Birtif.	Lman		——— Height:	
Address:			 Eye color:	
City:	State:	Zip:	Hair color:	
····				
Phone:	_		Race:	
Check to be: [ ] excluded from [	OCNR email updates and [ ] exclu	ded from list sold by DCNR. If blank	x, you will be included.	
sherman # 5: All information	is required. Attach copy of driver's lice	ense or picture id.		
Name:				
FIRST	MIDDLE	LAST	Sex:	Male
<sup>1)</sup> Social Security #:	DL Sta	ate & #:		- Female
Date of Birth:			Weight:	
			Height:	
Address:			 Eye color:	
Dity:	Stato	Zip:	•	
лty	Siale.	Σιρ	Hair color:	
Phone:	_		Race:	
Check to be: [ ] excluded from [	OCNR email updates and [ ] exclu-	ded from list sold by DCNR. If blank	x, you will be included.	
isherman # 6: All information	is required. Attach copy of driver's lice	ense or picture id.		
Name:				
FIRST	MIDDLE	LAST	Sex:	- Male
<sup>1)</sup> Social Security #:	DL Sta	ate & #:		- Female
Date of Birth:	Email:		Weight:	
——————————————————————————————————————			—— Height:	
			 Eye color:	
Address:			EVE COIOI.	
			-	
Address:		Zip:	-	

 $<sup>^{(1)}</sup>$  DCNR is now required by Section 30-3-194(a) Code of Alabama 1975 to collect social security numbers on all issued or renewed licenses.

Fisherman # 7: All information is	required. Attach copy of driver's licer	nse or picture id.		
Name:				
FIRST	MIDDLE	LAST	Sex:	- Male
1) Social Security #:	· DL Sta	ate & #:		Female
Date of Birth:			Weight:	
			Height:	
Address:			 Eye color:	
			Lyc color.	
City:	State:	Zip:	Hair color:	
Phone:			Race:	
		ded from list sold by DCNR. If blank	you will be included	
isherman #8: All information is			, you will be illoluded.	
		•		
Name: FIRST	MIDDLE	LAST		
			Sex:	Male
√ social security #:	· DL Sta	ate & #:		Female
Date of Birth:	Email:		Weight:	
			—— Height:	
Address:				
			Eye color:	-
City:	State:	Zip:	Hair color:	
			Race:	
Phone:	_			
Check to be: [ ] excluded from D	CNR email updates and [ ] exclud	ded from list sold by DCNR. If blank	, you will be included.	
isherman # 9: All information is	required. Attach copy of driver's licer	nse or picture id.		
Name:				
FIRST	MIDDLE	LAST	Sex:	Male
(1) Social Security #:	DL Sta	ate & #:		- Female
			147-5-7-7	
Date of Birth:	<i>Email:</i>		Weight:	
			Height:	
Address:			 Eye color:	
	_	_	•	
City:	State:	Zip:	Hair color:	
Division			Race:	
Phone:				

 $<sup>^{(1)}</sup>$  DCNR is now required by Section 30-3-194(a) Code of Alabama 1975 to collect social security numbers on all issued or renewed licenses.

Name:				
FIRST	MIDDLE	LAST	Sex:	Male
1) Social Security #:	DL Sta	ate & #:		Female
Date of Birth:	<i>Email:</i>		Weight:	
• • • •			Height:	
Address:			Eye color:	
City:	State:	Zip:	Hair color:	
Phone:			Race:	
		ded from list sold by DCNR. If blank	k, you will be included.	
isherman #11: All information is				
Name:				
FIRST	MIDDLE	LAST	Sex:	Male
<sup>1)</sup> Social Security #:	DL Sta	ite & #:		Female
Date of Birth:	Email:		Weight:	
			Height:	
Address:			Eye color:	
City:	State:	Zip:	Hair color:	
Dhama.			Race:	
Phone:		ded from list sold by DCNR. If blank	k, you will be included.	
isherman # 12: All information				
Name:				
FIRST	MIDDLE	LAST	Sex:	Male
1) Social Socurity #:	DL Sta	ate & #:		- Female
· Social Security #			14/0:5-54-	
	<i>Email:</i>		Weight:	
Date of Birth:			weignt:  Height:	
Date of Birth:				
Date of Birth:  Address:			Height:  Eye color:	

 $<sup>^{(1)}</sup>$  DCNR is now required by Section 30-3-194(a) Code of Alabama 1975 to collect social security numbers on all issued or renewed licenses.

Name:				
FIRST	MIDDLE	LAST		- Male
<sup>1)</sup> Social Security #:	DL Sta	ate & #:	Sex:	- Female
Date of Birth:			Weight:	
			Height:	
Address:			Eye color:	
City:	State:	: Zip:	Hair color:	
			Race:	
Phone:				
		ided from list sold by DCNR. If blan	k, you will be included.	
isherman # 14: All information	n is required. Attach copy of driver's li	icense or picture id.		
Name:				
FIRST	MIDDLE	LAST	Sex:	Male
(1) Social Security #:	DL Sta	ate & #:		- Female
Data of Diuth	Fina a H		Weight:	
Date of Birth:	Email:		——— Height:	
Address:				•
			Eye color:	
City:	State:	: Zip:	Hair color:	
Dhono:			Race:	
Phone:		LICE TO LIE BOND KILL		
		ided from list sold by DCNR. If blan	k, you will be included.	
isherman # 15: All information	n is required. Attach copy of driver's li	cense or picture id.		
Name:				
FIRST	MIDDLE	LAST	Sex:	Male
(1) Social Security #:	DL Sta	ate & #:		- Female
Date of Birth:	<i>Email:</i>		Weight:	
			——— Height:	
Address:			 Eye color:	
<b>3</b> ''		<del>_</del> .	•	
City:	State:	: Zip:	Hair color:	
			Race:	
Phone:				

 $<sup>^{(1)}</sup>$  DCNR is now required by Section 30-3-194(a) Code of Alabama 1975 to collect social security numbers on all issued or renewed licenses.

isherman # 16: All information	n is required. Attach copy of driver's lic	cense or picture id.		
Vame:	MIDDLE			
FIRST	MIDDLE	LAST	Sex:	Male
1) Social Security #:	DL Sta	ate & #:		- Female
Date of Birth:	<i>Email:</i>		Weight:	
			Height:	
Address:			 Eye color:	
	_	_		
City:	State:	Zip:	Hair color:	
Phone:			Race:	
Check to be: [ ] excluded from [	OCNR email undates and [ ] exclud	ded from list sold by DCNR. If blank	x, you will be included.	
isherman # 17: All information		cense or picture id.		
Name:				
FIRST	MIDDLE	LAST	0	☐ - Male
) Social Security #:	DL Sta	ate & #:	Sex:	- Female
			Weight:	
Date of Birth:	Email:		weigni.	
			Height:	
Address:			Eye color:	
City:	State:	Zip:	Hair color:	
,				
Phone:	_		Race:	
Check to be: [ ] excluded from D	OCNR email updates and [ ] exclude	ded from list sold by DCNR. If blank	, you will be included.	
isherman # 18: All information	n is required. Attach copy of driver's lic	cense or picture id.		
Name:				
FIRST	MIDDLE	LAST		- Male
<sup>1)</sup> Social Security #:	DL Sta	nte & #:	Sex:	- Female
			Weight:	
Date of Birth:	Email:			
Maria			Height:	
Address:			Eye color:	
City:	State.	7in·	Hair asla	
City:	State:	Zip:	Hair color:	

 $<sup>^{(1)}</sup>$  DCNR is now required by Section 30-3-194(a) Code of Alabama 1975 to collect social security numbers on all issued or renewed licenses.

Vame:			<del></del>	
FIRST	MIDDLE	LAST	Sex:	- Male
Social Security #:	DL Stat	e & #:		- Female
Pate of Birth:	<i>Email:</i>		Weight:	
			Height:	
ddress:			Eye color:	
City:	State: _	Zip:	Hair color:	
Phone:			Race:	
Check to be: [ ] excluded from D	CNR email updates and [ ] excludents are considered. Attach copy of driver's licents		c. vou will be included.	
Check to be: [ ] excluded from Disherman # 20: All information  Name:	OCNR email updates and [ ] exclude	ense or picture id.  LAST	x, you will be included.	
Check to be: [ ] excluded from Estimation   State	OCNR email updates and [ ] exclude in is required. Attach copy of driver's lice in MIDDLE	ense or picture id.  LAST	Sex:	Male Female
Check to be: [ ] excluded from Eisherman # 20: All information  Name:	OCNR email updates and [ ] excludent is required. Attach copy of driver's licent is required.	ense or picture id.  LAST  'e & #:	s, you will be included.  Sex:  Weight:  Height:	Male
Check to be: [ ] excluded from Eisherman # 20: All information  Name:	OCNR email updates and [ ] exclude in is required. Attach copy of driver's lice in MIDDLE	ense or picture id.  LAST  'e & #:	s, you will be included.  Sex:  Weight:  Height:	- Male
isherman # 20: All information  Name:  FIRST  Social Security #:  Date of Birth:	OCNR email updates and [ ] exclude in is required. Attach copy of driver's lice in the second of the	LAST	Sex:  Weight:  Height:	Male Female

# Disabled Saltwater Fishing Three-Day Event License Resident & Non-Resident

Code of Alabama

www.legislature.state.al.us

# Section 9-11-56.4 DISABLED THREE-DAY FISHING EVENT LICENSE

Effective with the license year beginning September 1, 2014, there shall be a disabled three-day fishing event license, for events sanctioned by the Commissioner of Conservation and Natural Resources. Except as otherwise provided herein for additional persons, the license shall permit up to 20 disabled residents or non-resident persons plus up to 20 resident and non-resident assistants, in such numbers as determined to be reasonably necessary by the Department of Conservation and Natural Resources, to purchase the license as an alternative to any recreational fishing license otherwise applicable under this chapter, which shall permit such persons, for a period not to exceed 72 consecutive hours, to engage in those same activities as the holders of the annual saltwater fishing license in Section 9-11-53. The license fee shall be one hundred dollars (\$100). Notwithstanding the foregoing, any additional disabled persons over the 20-person limit shall be charged an additional five dollars (\$5) per person, which amount, subject to the approval of the Department of Conservation and Natural Resources, may include an additional assistant.

# Section 9-11-87 COST ADJUSTMENTS - HUNTING AND FISHING LICENSES

Beginning with the license year October 1, 2010, and each license year thereafter, those license fees and issuance fees specified in Act 2007-418 shall be subject to a possible cost adjustment based on the following procedure: By the end of November of 2009, and each November thereafter, the Director of the Division of Marine Resources of the Department of Conservation and Natural Resources, with the approval of the Commissioner of the Department of Conservation and Natural Resources, may submit to the Chair of the Advisory Board of Conservation and Natural Resources, a recommendation of an increase in both the license fees and issuance fees for the licenses, based on the percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) (All Items - U.S. City Average) maintained by the U.S. Department of Labor, Bureau of Labor Statistics, for the immediately preceding yearly period of October to October, rounded down to the nearest nickel. The recommendation shall be subject to the approval of the Advisory Board of Conservation and Natural Resources on or before the end of March of each year. If the increase is approved by the Advisory Board of Conservation and Natural Resources, the board through its secretary, by the end of March of each year, shall submit the board's recommendation to the Chair of the Legislative Council, for the Legislative Council's review and approval. In the event the recommendation is not disapproved by the Legislative Council by the end of April of each year, the recommendation of the board shall be deemed to be approved. In the event one or more years elapses during which there is no adjustment as provided for herein, the same procedure may be followed to obtain a net cumulative increase since the previous increase.

# Section 9-11-87 MEANS OF CATCHING GAME FISH GENERALLY

It shall be unlawful for any person to take, catch or kill or attempt to take, catch or kill any game fish by any other means than ordinary hook and line, artificial lure, troll or spinner in any of the public waters of this state. Any person who violates the provisions of this section shall be guilty of a misdemeanor and, on conviction, shall be punished by a fine of not less than \$25.00 no more than \$100.00.

Alabama Administrative Code

http://www.alabamaadministrativecode.state.al.us/

# Rule 220-3-.87 GULF REEF FISH ENDORSEMENT

Any person possessing, taking, or attempting to take a species or group of species of gulf reef fish shall purchase an Alabama Gulf Reef Fish Endorsement.

https://www.outdooralabama.com/saltwater-fishing/saltwater-reef-fish-endorsement