

Mail to:  
Department of Natural Resources  
Institutional Fishing Application - CS/1  
PO Box 7924  
Madison, WI 53707-7924

# Institutional Free Fishing Authorization Application

Form 9400-506 (R 6/09)

**Notice:** Use of this form is required by the Department for any application filed pursuant to s. 29.024(3) and 29.199, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information provided may be used to determine identity of the bearer, eligibility for approvals, and participation in natural resources surveys.

LEAVE BLANK DNR USE ONLY
Number
Date Issued
Issued By

Pursuant to the provisions of s. 29.199, Wis. Stats., I hereby apply for authorization for residents of this facility to fish without charge when supervised by an employee of this facility.

## Statute

**s. 29.199, Wis. Stats., Authorization for certain patients and institutionalized persons to fish.** The Department shall issue an authorization without charge to a county hospital, state or federal mental hospital, state correctional institution or nonprofit institution located in this state for rehabilitation purposes upon request of the superintendent of the institution. The authorization permits a resident of the hospital who is supervised by an employee of the hospital or institution to fish for fish subject to all other provisions of law.

## Superintendent Information

Superintendent's Name	Superintendent's Telephone Number (include area code)
Name of Facility	Name of Contact Person
Street Address	Contact Person's Telephone Number (include area code)
City, State, Zip Code	

## Facility Qualification

This facility qualifies under s. 29.199, Wis. Stats., as we fall under the following category (check  one box).

- |   |  |
|---|--|
| <input type="checkbox"/> County Hospital                | <input type="checkbox"/> State or Federal Mental Hospital  |
| <input type="checkbox"/> State Correctional Institution | <input type="checkbox"/> Nonprofit Rehabilitation Facility |

## Authorization

I understand that this authorization only allows residents of our facility to fish without charge when supervised by an employee of this facility. I further understand that employees of this facility need to purchase a license if intending to fish.

Signature of Superintendent	Date signed
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