

**MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE**  
**284 State Street, 41 SHS Augusta, ME 04333**  
**Phone 207-287-8000 / Fax 207-287-8094**

**APPLICATION FOR GROUPTIME FISHING PERMIT**

*In accordance with the provisions of the Revised Statutes, Title 12, section 10853(7).*

New Applicant: \_\_\_\_\_ Renewal Applicant: \_\_\_\_\_ Last Year Licensed: \_\_\_\_\_ Moses ID #: \_\_\_\_\_

Administrator Name: \_\_\_\_\_  
First Last MI

Date of Birth: \_\_\_\_\_ Social Security Number or Federal ID Number: \_\_\_\_\_

Facility or Home Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, Road or Box # City or Town Zip Code

Physical Address: \_\_\_\_\_  
Street or Road City or Town Zip Code

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List the type of home licensed with the Department Human Services: \_\_\_\_\_

Home is licensed under what Title and Section: \_\_\_\_\_

**The following groups are eligible for this free fishing permit. Check the box which applies to your home:**

\_\_\_\_\_ Clients of the Department of Health and Human Services who reside in licensed facilities for person with intellectual disabilities or autism or licensed facilities for the treatment of mental illness;

\_\_\_\_\_ Groups of full-time patients at a nursing home, as defined in [Title 22, section 1812-A](#), and

\_\_\_\_\_ Groups of full-time residents of a facility licensed under [Title 22, Chapter 1663](#); and

\_\_\_\_\_ Recipients of services provided by a facility licensed under [Title 22, section 3086](#).

**Return Completed Application:**

Inland Fisheries and Wildlife  
Licensing Division  
284 State Street, 41 SHS  
Augusta, ME 04333

**Signature of Administrator or Director:** \_\_\_\_\_