

Fishing License Special Exemption Application

Pennsylvania (PA) law provides for an exemption to fishing license requirements for participants ages 16 and older taking part in qualifying angler education, aquatic field study or a therapeutic program. The exemption does not apply to the instructor(s). Instructors and participants must abide by seasons, sizes, creel limits and other regulations listed in the [PA Summary Book](#).

Angler education programs which include hands-on fishing experiences are eligible if the program includes instruction in fishing and related skills and the time spent on that instruction makes up at least 30% of the total program length. Provide details about the instructional portion of the program in 'Section D. Program Information'.

Aquatic field studies that comply with current seasons, sizes and creel limits for aquatic organism collection may be eligible, including stream or lake studies, water quality testing or other related activities. Other types of field studies may require a [Scientific Collectors Permit](#).

Therapeutic recreation programs where the goal is to promote psychological and physical health, recovery, and overall well-being may be eligible. Program and audience examples include physical therapy, rehabilitation, those with intellectual and developmental disabilities, veterans, substance use prevention/recovery, and detention prevention programs.

Submit the completed application to RA-FB-FISHBOATPERMIT@pa.gov.

*Denotes required section or field.

A. EXEMPTION TYPE*				
Angler Education		Aquatic Field Study		Therapeutic
B. APPLICANT INFORMATION				
First Name*:	Middle Name:	Last Name*:	Suffix	
Mailing Address*:				
City*:	State*:	Zip*:		
Organization*:	Title*:			
Email*:	Phone*:			
C. INSTRUCTOR INFORMATION				
Lead Instructor Information				
Lead Instructor Fishing License Customer ID # (9 digits)*:				
Enter the Lead Instructor contact information below or mark the box to the right if the same as the applicant.*				Same as applicant <input type="checkbox"/>
First Name:	Middle Name:	Last Name:	Suffix:	
Mailing Address:				
City:	State:	Zip:		
Organization:	Title:			
Email:	Phone:			
Assistant Instructor(s) Information				
First Name	Middle Name	Last Name	Suffix	Fishing License Customer ID #

D. PROGRAM INFORMATION*

Title:	Number of programs:	Does the program include rental boats? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Total number of participants (Determine by counting individuals once, even if they participate in multiple programs)*:

Provide a brief overview:

E. WATERBODY INFORMATION*

Waterbody Name	County	Municipality (look up)	Dates	
			From	To

CERTIFICATION*

- ☐ I certify that the information contained in the application is true and correct to the best of my knowledge, information, and belief. This certification is made subject to the penalty of Section 4904 of Crimes Code (18 Pa. C.S.A. § 4904) (relating to Unsworn Falsification to Authorities) and Section 908 of the Fish and Boat Code (30 Pa. C.S. § 908) (relating to False Identification or False or Fraudulent Statements on Reports).

Signature: _____ Date: _____