WYOMING GAME AND FISH DEPARTMENT
DISABLED HUNTER PERMIT APPLICATION

APPLICANT COMPLETE:

Last Name | First Name | Middle Initial | Date of Birth (MM/DD/YYYY) | XXX-XX- Social Security Number (Last Four (4) Digits REQUIRED)

Mailing Address | City | State | Zip Code | Daytime Phone Number

Physical Address | City | State | Zip Code | Email Address (optional)

Weight (lbs) | Height (Ft' Inches") | Eye Color | Hair Color | Sex

I HEREBY SWEAR, UNDER PENALTY OF PROSECUTION, I AM PERMANENTLY DISABLED AS DESCRIBED IN THIS APPLICATION AND MEET THE REQUIREMENTS OF COMMISSION REGULATION CHAPTER 35.

Applicant's Signature and Date *or* Parent/Legal Guardian's Signature and Date (If applicant is under the age of 18)

PHYSICIAN MUST COMPLETE:

I, the undersigned, swear that I am a licensed medical doctor, nurse practitioner, physician's assistant, optometrist or ophthalmologist and find the above named applicant to be disabled as defined by one or more of the following condition(s):

PLEASE CHECK THE APPROPRIATE BOX(ES):

- ☐ Is permanently unable to walk **AT ALL TIMES** without the use of, or assistance from, a wheelchair, scooter, or walker;
- ☐ Is restricted by lung disease to the extent the person's forced expiratory volume for one (1) second, when measured by a spirometer, is less than thirty-five (35) percent predicted, or arterial oxygen tension is less than fifty-five (55) mm/Hg on room air at rest;
- ☐ Has a cardiac condition to the extent the person's functional limitations are classified in severity as Class III or Class IV, according to standards established by the American Heart Association;
- ☐ Has a permanent, physical impairment that prevents the person **AT ALL TIMES** from holding or shooting a firearm or bow in hand;
- ☐ Has central visual acuity that permanently does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is not greater than twenty (20) degrees. IF THIS OPTION IS CHOSEN, A CENTRAL VISUAL ACUITY DISABILITY PERMIT WILL ALSO BE ISSUED (any person having a Central Visual Acuity Disability Permit may use a scope that projects a visible light onto a target to take any animal)

Name of licensed medical doctor, nurse practitioner, physician's assistant, optometrist or ophthalmologist (PLEASE PRINT)

Address | City | State | Zip Code | Phone Number

Signature of licensed medical doctor, nurse practitioner, physician's assistant, optometrist or ophthalmologist | Date

THIS APPLICATION CANNOT BE ALTERED. ALTERED APPLICATIONS WILL NOT BE ACCEPTED.

Wyoming Game and Fish Commission Regulation, Chapter 35, Section 13. **Making False Statements to Obtain a Permit**. Any person who makes a false statement on an application to obtain a permit or any medical doctor, nurse practitioner, physician assistant, optometrist, or ophthalmologist who makes a false statement on an application in order that a person might fraudulently obtain a permit shall be in violation of this regulation and such violation shall be punishable as provided by Title 23, Wyoming Statutes.

Permits are issued only at Wyoming Game and Fish Department Regional Offices located in JACKSON, PINEDALE, CODY, SHERIDAN, GREEN RIVER, LARAMIE, LANDER, CASPER or the Wyoming Game and Fish Headquarters located in CHEYENNE.

MAIL TO: **WYOMING GAME AND FISH DEPARTMENT**
LICENSE SECTION
5400 BISHOP BLVD
CHEYENNE, WY 82006-0001

OFFICE USE ONLY
Permit#: Issued By:
Date Issued:

FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED