

APPLICATION FOR A CENTRAL VISUAL ACUITY DISABILITY PERMIT

FOR OFFICE USE ONLY
PERMIT # : _____
DATE ISSUED: _____
ISSUED BY: _____

PLEASE PRINT

NAME _____
LAST FIRST M.I.

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ DATE OF BIRTH _____

SOCIAL SECURITY # (Required) XXX-XX- _____ TELEPHONE NUMBER _____

SEX _____ WEIGHT _____ HEIGHT _____ EYE COLOR _____ HAIR COLOR _____

I hereby swear, under penalty of prosecution, I am permanently disabled as described in this application.

SIGNATURE _____ DATE _____

If a Wyoming Resident, please complete the following Proof of Residency statement:

YRS WY RES. <table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			ONE of the following must be provided:	WY Driver's License Number or WY ID Card Number <table border="1" style="width: 150px; height: 20px; margin: auto;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>											OR	<table border="1" style="width: 100%; height: 40px; margin: auto;"> <tr> <td style="text-align: center; padding: 5px;"> Complete the PROOF OF RESIDENCY form ON REVERSE SIDE </td> </tr> </table>	Complete the PROOF OF RESIDENCY form ON REVERSE SIDE
Complete the PROOF OF RESIDENCY form ON REVERSE SIDE																	

PHYSICIAN MUST COMPLETE:

I, the undersigned, swear that I am a licensed physician, optometrist or ophthalmologist and find the above named applicant to be disabled as defined by the following condition:

- 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.**

NAME _____
LICENSED PHYSICIAN, OPTOMETRIST, OR OPHTHALMOLOGIST (PLEASE PRINT)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ Telephone _____

 Signature of Licensed Physician, Optometrist, or Ophthalmologist Date

Permits are issued only at Wyoming Game and Fish Department Regional Offices located in JACKSON, PINEDALE, CODY, SHERIDAN, GREEN RIVER, LARAMIE, LANDER or CASPER. Applications can be mailed to the headquarters office: License Section, Wyoming Game and Fish Department, 5400 Bishop Boulevard, Cheyenne WY 82006-0001.

PROOF OF WYOMING RESIDENCY

If you do not have a current Wyoming driver’s license or a current Wyoming Identification card, the following information must be provided

(Please Print). FAILURE TO PROVIDE THIS INFORMATION SHALL RESULT IN THE DENIAL OF A LICENSE BEING ISSUED.

PLEASE PROVIDE A VERIFIABLE ANSWER TO ONE OF THE FOLLOWING (Please Print):

- I, or the person for whom I am applying (Resident applicant under the age of 18), have/has resided at the following address(es) for the past one (1) year immediately preceding the date of this application:
 _____ / _____
 Street Address Mailing Address
- Current or last Wyoming School attended: _____ Location: _____
- I was a resident of Wyoming at the time I entered the military and have continued serving in active military duty; AND I have no claim of residency in any other state for any purpose.
 _____ YES, I meet the above criteria per W.S. § 23-1-107
- I was stationed in Wyoming for ninety (90) days or more, but was NOT a Wyoming resident when I entered the military; AND am currently an active member of the military; AND I have made no claim of residency in any other state territory or country for any purpose; AND I have maintained my voter registration in Wyoming.
 _____ YES, I meet the above criteria per W.S. § 23-1-107
- If Active Duty Military, I hereby certify under penalty of perjury that the United States _____ (Branch) has permanently stationed me at _____ (Station) Wyoming as of _____ (Date) and I am prepared to produce a copy of the Official Orders upon request.
- If a minor dependent, name of parent or legal guardian who is a Wyoming Resident: _____

I further understand that the Wyoming Game and Fish Department will check the information provided to verify applicant’s residency in the state of Wyoming.

OR _____
Resident Applicant’s Signature

Parent/Guardian Signature
(Resident Applicant Under age of 18)

WYOMING GAME AND FISH DEPARTMENT HEADQUARTERS OFFICE

5400 Bishop Blvd., Cheyenne, 82006-0001307-777-4600

WYOMING GAME AND FISH DEPARTMENT REGIONAL OFFICES

420 North Cache, Box 67, Jackson, 83001307-733-2321

432 E. Mill St, Box 850, Pinedale, 82941307-367-4353

2820 State Hwy. 120, Cody, 82414307-527-7125

700 Valley View Dr., Sheridan, 82801307-672-7418

351 Astle, Green River, 82935307-875-3223

1212 S Adams, Laramie, 82070307-745-4046

260 Buena Vista, Lander, 82520307-332-2688

3030 Energy Lane, Casper, 82604307-473-3400

CALL TOLL FREE WITHIN WYOMING

JACKSON 1-800-423-4113
LARAMIE 1-800-843-2352
LANDER 1-800-654-7862
CASPER 1-800-233-8544
CHEYENNE 1-800-842-1934

PINEDALE 1-800-452-9107
CODY 1-800-654-1178
SHERIDAN 1-800-331-9834
GREEN RIVER 1-800-843-8096