

# APPLICATION FOR A CENTRAL VISUAL ACUITY DISABILITY PERMIT

<b>FOR OFFICE USE ONLY</b>
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; height: 20px;"></td> <td style="width: 20px; height: 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; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											OR	Complete the <b>PROOF OF RESIDENCY</b> 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):**

- 1. 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
- 2. Current or last Wyoming School attended: \_\_\_\_\_ Location: \_\_\_\_\_
- 3. 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
- 4. 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
- 5. 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.
- 6. 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, 82006-0001 .....307-777-4600

**WYOMING GAME AND FISH DEPARTMENT REGIONAL OFFICES**

420 North Cache, Box 67, Jackson, 83001 .....307-733-2321

432 E. Mill St, Box 850, Pinedale, 82941 .....307-367-4353

2820 State Hwy. 120, Cody, 82414 .....307-527-7125

700 Valley View Dr., Sheridan, 82801 .....307-672-7418

351 Astle, Green River, 82935 .....307-875-3223

528 S. Adams, Laramie, 82070.....307-745-4046

260 Buena Vista, Lander, 82520.....307-332-2688

3030 Energy Lane, Casper, 82604.....307-473-3400

**CALL TOLL FREE WITHIN WYOMING**

JACKSON	1-800-423-4113	PINEDALE	1-800-452-9107
LARAMIE	1-800-843-2352	CODY	1-800-654-1178
LANDER	1-800-654-7862	SHERIDAN	1-800-331-9834
CASPER	1-800-233-8544	GREEN RIVER	1-800-843-8096
CHEYENNE	1-800-842-1934		