

ONLY CERTIFIED CHECK,
CASHIER'S CHECK, OR MONEY
ORDER WILL BE ACCEPTED
FROM NONRESIDENTS

APPLICATION FOR A DISABLED HUNTER'S



COMPANION PERMIT

\$5.00 PERMIT FEE



FOR OFFICE USE ONLY

PERMIT #:

DATE ISSUED:

ISSUED BY:

INFORMATION FOR DISABLED HUNTER'S **COMPANION PERMIT (TO BE ISSUED):**

(PLEASE PRINT)

Last Name		First Name and Middle Initial		Date of Birth (MM/DD/YYYY)	XXX-XX- Social Security Number (Last 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	
Signature and Date (Disabled Hunter COMPANION'S Signature)			or	Parent/Legal Guardian's Signature and Date (If companion is under the age of 18)	

INFORMATION FOR **DISABLED HUNTER PERMIT (PREVIOUSLY ISSUED):**

(PLEASE PRINT)

Last Name		First Name and Middle Initial		Date of Birth (MM/DD/YYYY)	XXX-XX- Social Security Number (Last 4 digits REQUIRED)
Mailing Address		City	State	Zip Code	Daytime Phone Number
Physical Address		City	State	Zip Code	Email Address (Optional)

DISABLED HUNTER'S PERMIT NUMBER ISSUED BY THE DEPARTMENT:

PERMIT #:

DATE ISSUED:

ELK LICENSE #:	GAME BIRD LICENSE #:
DEER LICENSE #:	SMALL GAME LICENSE #:
ANTELOPE LICENSE #:	OTHER BIG GAME LICENSE # (LIST SPECIES WITH #)

I REQUEST THE ISSUANCE OF A DISABLED HUNTER'S COMPANION PERMIT TO THE COMPANION NAMED IN THIS APPLICATION.

Disabled Hunter's Signature and Date