WYOMING GAME AND FISH DEPARTMENT
DISABLED HUNTER PERMIT APPLICATION

OFFICE USE ONLY
PERMIT #:
DATE:
INITIALS:

Last Name | First Name | Middle Initial | Suffix | Date of Birth | 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 | Height (Ft - Inches) | Eye Color | Hair Color | Sex

I HEREBY SWEAR, UNDER PENALTY OF PROSECUTION, I AM PERMANENTLY DISABLED AS DESCRIBED IN THIS APPLICATION.

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

☐ Check the box only if you would like your e-mail address, year of birth, and telephone number **made available** as public information as per state law (W.S. § 23-1-706). Other Information given on application may be made available as public information, except as provided by law.

IF APPLICANT IS APPLYING AS A DISABLED VETERAN, APPLICANT MUST COMPLETE:

☐ Can produce to the Department a decision letter, issued within the immediately preceding five (5) years from the date of application, by the United States Department of Veterans Affairs or any branch of the Armed Forces of the United States showing the person to have a service connected disability of at least seventy (70%) percent. Valid documentation (official Department of Veterans Affairs or official Armed Forces logo must be present in the document's letterhead) must be attached to this application to be considered complete.

IF APPLICANT IS NOT APPLYING AS A DISABLED VETERAN, 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): **THIS PORTION OF THE APPICATION CANNOT BE ALTERED. ALTERED APPLICATIONS WILL NOT BE ACCEPTED.**

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.

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

Wyoming Game and Fish Commission, Chapter 35, Section 13. **Making False Statements to Obtain a Permit**. Any person who makes a false statement on an application to obtain a Disabled Hunter 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 Disabled Hunter 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. Applications can be mailed to: Wyoming Game and Fish Department, License Section, 5400 Bishop Boulevard, Cheyenne, WY 82006-0001.

Revised 10/2017

ORIGINAL SIGNATURE REQUIRED. FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED.