



**WYOMING GAME AND FISH DEPARTMENT
HUNTING SEASON EXTENSION PERMIT APPLICATION**

OFFICE USE ONLY
PERMIT #:
INITIALS:
DATE:

APPLICANT COMPLETE:

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

I do hereby swear that I have a central visual acuity disability, am quadriplegic, upper extremity disabled, paraplegic, permanently paralyzed over at least fifty (50%) percent of my body or otherwise physically disabled so as to be permanently confined to a wheelchair (or similar device) (as defined by Commission Regulation, Chapter 35, see reverse side for definitions).

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

Wyoming Game and Fish Commission Regulation, Chapter 35, Section 10. Hunting Season Extension Permits:

(a) Any person may be issued a Hunting Season Extension Permit which allows a qualified applicant to hunt antelope, deer or elk five (5) days prior to the earliest opening date in the hunt area(s) and for the sex of antelope, deer or elk set forth by limitations of their license as specified in Section 2 of the current regulation for that species (Commission Regulations Chapter 5, Antelope Hunting Seasons, Chapter 6, Deer Hunting Seasons; Chapter 7, Elk Hunting Seasons), provided the person requesting the hunting season extension permit:

(i) Has a Central Visual Acuity Disability, is quadriplegic, upper extremity disabled, paraplegic, permanently paralyzed over at least fifty (50%) percent of their body or otherwise physically disabled so as to be permanently confined to a wheelchair (or similar device) (as defined by Commission Regulation, Chapter 35, see reverse side for definitions).

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 have one or more of the following condition(s):

- | | |
|--|---|
| <input type="checkbox"/> Central visual acuity disability (as defined in Chapter 35) | <input type="checkbox"/> Quadriplegic (as defined in Chapter 35) |
| <input type="checkbox"/> Upper extremity disabled (as defined in Chapter 35) | <input type="checkbox"/> Paraplegic (as defined in Chapter 35) |
| <input type="checkbox"/> Permanently paralyzed over at least fifty (50%) of their body | <input type="checkbox"/> Physically disabled so as to be permanently confined to a wheelchair (or similar device) |

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

Address City State Zip Code

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. Applications can be mailed to: Wyoming Game and Fish Department, License Section, 5400 Bishop Boulevard, Cheyenne, WY 82006-0001.

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

WYOMING GAME AND FISH COMMISSION

CHAPTER 35

HUNTING PERMIT REGULATIONS FOR PERSONS WITH DISABILITIES

Section 3. Definitions. For the purpose of this regulation definitions shall be as set forth in Title 23, Wyoming Statutes, Commission regulations and the Commission also adopts the following definitions:

(b) “Central Visual Acuity Disability” means a person’s vision 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.

(j) “Paraplegic” means a person who is permanently unable to move or feel both legs and the lower half of their body because of injury or illness.

(k) “Quadriplegic” means a person who is permanently unable to move or feel both arms and both legs because of injury or illness.

(m) “Upper Extremity Disabled” means a person who has a permanent physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be physically unable to use any legal hunting weapon

WYOMING GAME AND FISH DEPARTMENT HEADQUARTERS OFFICE

5400 Bishop Blvd., Cheyenne, 82006-0001 307-777-4600

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

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

1212 South Adams, Laramie, 82070 307-745-4046

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

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