



WYOMING GAME AND FISH DEPARTMENT SHOOT FROM A VEHICLE PERMIT

OFFICE USE ONLY
PERMIT #:
DATE:
INITIALS:

APPLICANT COMPLETE:

_____					XXX-XX-
Last Name	First Name	M.I.	Suffix	Date of Birth (MM/DD/YYYY)	Social Security Number (Last 4 digits required)
Mailing Address			City	State	Zip Code
Physical Address			City	State	Zip Code
_____		_____	_____	_____	_____
Weight (lbs)	Height (Ft - Inches)	Eye Color	Hair Color	Sex	
I do hereby swear that I have a permanent qualifying disability that necessitates me, AT ALL TIMES, to utilize a wheelchair, cane, crutches or some other mechanical device to assist me in moving to and from my vehicle.					
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.

PHYSICIAN COMPLETE (PLEASE PRINT):

For the purposes of attesting to the qualifications of the applicant for the issuance of this permit, a physician is defined as: A medical doctor, nurse practitioner or physician assistant licensed to practice medicine. THIS PORTION OF THE APPLICATION CANNOT BE ALTERED. ALTERED APPLICATIONS WILL NOT BE ACCEPTED.

Physician's Name (Print)	Address	City	State	Zip Code

Phone number				
I do verify that the applicant whose name appears on this application has a qualifying disability, which necessitates him/her to:				
AT ALL TIMES, utilize a wheelchair, cane, crutches or some other mechanical device to assist the individual in moving to and from their vehicle.				

Physician's Signature and Date				

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.