



APPLICATION FOR A CENTRAL VISUAL ACUITY DISABILITY PERMIT

***Qualifies for Disabled Hunter Permit (Issue separate permit)**

FOR OFFICE USE ONLY

PERMIT #:
PERMIT #:
DATE ISSUED:
ISSUED BY:

PLEASE PRINT

NAME _____
LAST FIRST MI.

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="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			ONE of the following must be provided:	<small>WY Driver's License Number or WY ID Card Number</small> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><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></tr></table>									OR	Complete the PROOF OF RESIDENCY 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 _____

Wyoming Game and Fish Commission, Chapter 35, Section 12. **Making False Statements to Obtain a Permit.** Any person who makes a false statement on an application to obtain a Central Visual Acuity Disability 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 Central Visual Acuity Disability Permit shall be in violation of this regulation and such violation shall be punishable as provided by Title 23, Wyoming Statutes.

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.

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. I have attended the following Wyoming school(s) for the past one (1) year immediately preceding the date of this application:

School(s) _____ Location(s): _____

- 3. If a minor dependent, name of parent or legal guardian who is a Wyoming resident: _____

- 4. I am currently an active duty member of the military and have been stationed in Wyoming for ninety (90) days or more, but was NOT a Wyoming resident when I entered the military.

_____ YES, I meet the above criteria per W.S. § 23-1-107(f).

- 5. I was a resident of Wyoming at the time I entered the military and am currently serving in active military duty outside of Wyoming; AND I have made no claim of residency in any other state, territory or country for any purpose; AND Wyoming remains my declared home of record.

_____ YES, I meet the above criteria per W.S. § 23-1-107(f).

- 6. I was NOT a Wyoming resident when I entered military service, but was stationed in Wyoming for ninety (90) days or more and am currently serving in active military duty outside of Wyoming; AND I have made no claim of residency in any other state, territory or country for any purpose; AND I have established my home of record in Wyoming; AND I have maintained my voter registration in Wyoming.

_____ YES, I meet the above criteria per W.S. § 23-1-107(f).

- 7. I am the spouse or minor dependent of an active duty member of the military qualifying as a Wyoming resident per W.S. § 23-1-107(f); AND I have made no claim of residency in any other state, territory or country for any purpose.

_____ YES, I meet the above criteria per W.S. § 23-1-107(g).

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.

Resident Applicant's Signature

OR

Parent/Guardian Signature
(If applicant is under the age of 18; required if applicant is less than 14 years old.)

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
2 Tilden Trail, Cody, 82414 307-527-7125
700 Valley View Dr., Sheridan, 82801 307-672-7418
351 Astle Ave., Green River, 82935 307-875-3223
1212 S. Adams St., Laramie, 82070 307-745-4046
260 Buena Vista Dr., 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