



Applicant Information:

Customer Identification # _____
 Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Gender _____ Weight _____ Height _____ Eye Color _____ Hair Color _____

Requirements:

1. A person may obtain this Certificate of Registration to hunt general deer, elk, or wild turkey provided the person requesting the extension: is blind, quadriplegic, upper extremity disabled, paraplegic, or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or who has lost either or both lower extremities.
2. "Crutches" means a staff or support designed to fit under or attach to each arm, including a walker, which improve a person's mobility that is otherwise severely restricted by a permanent physical injury or disability.
3. Provide the below physician statement confirming the disability (must be signed by a licensed MD, DO, or PA)

the applicant, I have read and understand the requirements for obtaining this Certificate of Registration

Signature of Applicant _____ **Date** _____

Physician's Statement:

(Below must be completed and signed by physician (MD, DO, or PA) for physical disabilities other than blindness; or by a ophthalmologist or optometrist for vision disabilities)

I hereby certify the above named applicant meets the criteria of legally blind, upper extremity disabled, paraplegic, quadriplegic, loss of either or both lower extremities, or otherwise permanently disabled so as to be confined to a wheelchair or the use of crutches.

1. The applicant is blind?: Yes No

"Blind" means the person has no more than 20/200 visual acuity in the better eye when corrected; or has, in the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision 20 degrees or less.

2. The applicant is paraplegic or quadriplegic?: Yes No

3. This physical impairment permanently confines the applicant to the use of crutches or a wheelchair?: Yes No

4. This physical impairment involves the permanent loss of use of at least one of the applicant's lower extremities?: Yes No

"Loss of either or both lower extremities" means the permanent loss of use or the physical loss of one or both legs or a part of either or both legs which severely impedes a person's mobility.

5. The applicant is upper extremity disabled? Yes No

"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 or fishing device.

6. The applicant's physical impairment is permanent?: Yes No

Please explain how the patient's impairment satisfies the state requirements: (attach additional pages if necessary)

Dr. Office Use Only:

Physician Signature _____ Physician Name (print) _____
 Professional Title _____ Date _____
 Telephone Number _____ Address _____
 City _____ State _____ Zip _____

Please reference Rule R657-12 Hunting and Fishing Accommodations for People with Disabilities for any questions and/or concerns:
<https://wildlife.utah.gov/r657-12-hunting-and-fishing-accommodations-for-people-with-disabilities.html>

For more information or additional consideration please contact a DWR office.

To submit your application please email, mail, or deliver to a regional office.

Email: dwrlicensesale@utah.gov

Phone: (801) 538-4815

Mail to:

Attention Licensing
 1594 West North Temple Suite 2110
 Salt Lake City, UT 84114

Attention: False, Inaccurate, or Misleading Information on this application is a criminal offense and a violation of Utah Code Title 23 Chapter 19 Section 5

DWR USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
<input type="checkbox"/> Need More Information (forward app to SLO)		
Region _____	Date _____	Clerk _____