Utah Division of
Wildlife Resources

Application for Certificate of Registration
Limited Entry Hunt Season Extension

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 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 MD, DO, or PA)

☐ **As 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 division office.

To submit your application please email, mail, or deliver to a regional office.
Email: dwrlicensesale@utah.gov
Phone: (8O1) 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

☐ Approved ☐ Denied

☐ Need More Information (forward app to SLO)

Region_____ Date_____Clerk _____