



Applicant Information

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

Requirements:

- 1. Applicant must have permanent physical impairment so severe that he/she is physically unable to use any legal hunting weapon or fishing device.
2. An authorized person may take protected wildlife for a person who is blind, upper extremity disabled, or quadriplegic.
3. Applicant must possess the appropriate license, permit, and tag.
4. Companion hunter must satisfy the hunter education requirements.
5. The companion must be accompanied by the blind, upper extremity disabled, or quadriplegic person at all times while hunting or fishing at the time of take and while transporting the wildlife.
6. Provide a physician statement confirming the disability (must be signed by a licensed 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 a 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.

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's physical impairment is permanent?: Yes [ ] No [ ]

3. The applicant is upper extremity disabled or quadriplegic and cannot physically use any legal hunting weapon? 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.

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
[ ] Approved [ ] Denied
[ ] Need More Information (forward app to SLO)
Region \_\_\_\_\_ Date \_\_\_\_\_ Clerk \_\_\_\_\_