



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... 2. An authorized person may take protected wildlife... 3. Applicant must possess the appropriate license... 4. Companion hunter must satisfy the hunter education requirements... 5. The companion must be accompanied by the blind... 6. Provide a physician statement confirming the disability...

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 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... 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...

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

Blank lines for explanation of impairment

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:

Holly Bosley (801) 538-4815

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

Email: hbosley@utah.gov

Mail to:

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

DWR USE ONLY

Approved Denied

Need More Information (forward app to SLO)

Region, Date, Clerk

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