



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 and physical impairment so severe that he/she cannot use conventional archery equipment.
- 2. Provide the below 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 licensed MD, DO, or PA)

I hereby certify the above named applicant has a permanent, physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be unable to use conventional archery equipment.

- 1. The applicant's physical impairment is permanent? Yes No
- 2. The applicant's impairment is so severe they cannot use conventional archery equipment? 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 _____