

Fish & Wildlife Department
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Agency Of Natural Resources

STATEMENT OF DISABILITY

The permit to hunt from a motor vehicle, off the right of way may be issued to a licensed hunter who is certified by a physician to be unable to pursue game because of a **PERMANENT severe physical disability**.

These permits are issued to permanently disabled persons ONLY. Please note that we reserve the right to call and verify the disability.

If the applicant's disability is **not a **PERMANENT** disability, or if you are unsure that the disability is permanent, or if the applicant can walk 25 feet (25 feet is generally the required distance from a public highway to shoot at wildlife) please **do not fill out this application**.

This is to certify that the applicant _____ has been under my professional care since: _____.

In my opinion, due to a **PERMANENT SEVERE PHYSICAL DISABILITY**, the applicant named below is **unable to walk 25 feet from a roadway** to pursue game due to this disability, therefore entitling him/her to a permit to hunt from a vehicle off the right of way.

Physician's Name:(please print)_____ MD

Physician's Address:_____

Physician's Telephone #:_____ Date Physician Filled Out:_____

Physician's Signature:_____ MD

Applicant Name:_____

Applicant Address:_____

Applicant Telephone #:_____

Applicant Date of Birth:_____

Applicant's Signature:_____