APPLICATION FOR DISABILITY LICENSE
HUNT FROM STANDING MOTOR VEHICLE
Permit expires five years from the date of application

NOTE: Please be sure to complete all boxes, or the application will be considered incomplete and will not be processed

I. APPLICANT to complete this section: Please type or print legibly

I, the undersigned, hereby apply for a special permit, without fee, based upon my disability status. By my signature, I attest that:
(1) I am permanently disabled; (2) I have a valid disability parking certificate or license plates for physically disabled persons issued by the Department of Public Safety; and (3) because of my permanent disability:

1. I am unable to step from a vehicle without the aid of a wheelchair, crutches, braces, cane, or other mechanical support or prosthetic device; or
2. I use supplemental oxygen to assist breathing and I am unable to walk any distance because of a permanent lung, heart, or other internal disease.

II. LICENSED PHYSICIAN, CHIROPRACTOR, CERTIFIED NURSE PRACTITIONER, CERTIFIED PHYSICIAN ASSISTANT to complete this section:

The above applicant is applying for a disability permit. State law restricts such permits to persons who have a substantial permanent disability. This disability must be verified in writing by a licensed physician, chiropractor, or certified physician assistant or certified nurse practitioner acting under the direction of a licensed physician. In order to qualify for this permit, state law requires that the person must be either:

1. Unable to step from a vehicle without the aid of a wheelchair, crutches, braces, cane, or other mechanical support or prosthetic device; or
2. Uses supplemental oxygen to assist breathing and is unable to walk any distance because of a permanent lung, heart, or other internal disease.

THE FOLLOWING IS A BRIEF STATEMENT OF THE DISABILITY:

NOTE: This is entire section, including a narrative description, needs to be completed in order for us to be able to process this permit. This is a permanent disability, and the applicant is:

☐ Unable to step from a vehicle without the aid of a wheelchair, crutches, braces, cane, or other mechanical support or prosthetic device.
☐ Uses supplemental oxygen to assist breathing and is unable to walk any distance because of a permanent lung, heart, or other internal disease requiring the use of supplemental oxygen to assist breathing.

Describe the disability and why the applicant: (1) is unable to step from a motor vehicle; or (2) uses supplemental oxygen:

I certify that I am a licensed physician, chiropractor, certified nurse practitioner, or certified physician assistant; that I have examined the above named applicant; and I verify that this individual is permanently disabled and is either unable to step from a vehicle or uses supplemental oxygen as described above.

Circle One: Licensed Physician / Chiropractor/Certified Nurse Practitioner/Certified Physician Assistant Name: (First, M.I., Last) (Print or Type) Daytime Telephone No.

Circle One: Licensed Physician / Chiropractor/Certified Nurse Practitioner/Certified Physician Assistant Signature (Please read signature note below before signing) Date

SIGNATURE NOTE: A LICENSED PHYSICIAN, CHIROPRACTOR, CERTIFIED NURSE PRACTITIONER, OR CERTIFIED PHYSICIAN ASSISTANT WHO FRAUDULENTLY CERTIFIES TO THE COMMISSIONER THAT A PERSON IS PERMANENTLY DISABLED IN THE APPLICATION, IS GUILTY OF A MISDEMEANOR.

*PLEASE TURNOVER FOR PERMIT CONDITIONS, ADDITIONAL INFORMATION, AND INSTRUCTIONS*
III. PERMIT CONDITIONS:

1) This permit does not allow antlerless deer to be taken in areas where no antlerless permits are authorized. The permittee must follow all laws and rules including but not limited to:
   a) The permit is valid for any type of motor vehicle (car, truck, ATV, snowmobile).
   b) The vehicle must be stationary.
   c) If you are hunting big game, your vehicle cannot be within the road right-of-way.
   d) You may not transport a loaded firearm.
      Please see the Hunting Regulations Handbook for additional firearms transportation information.
   e) The permit does not allow trespassing.

2) The permit is valid for five years from the date of application. This permit may be revoked, amended, suspended, or modified at any time for cause, including but not limited to: Change in permit laws or rules; change in disability eligibility; or violation of hunting, trespass, or firearms transportation laws.

3) Both this permit and a valid license must be in possession while hunting from the motor vehicle.

4) The permit application will be considered for approval only when it has been fully completed, signed by the applicant, signed by a licensed physician, chiropractor, or certified nurse practitioner or certified physician’s assistant acting under the direction of a licensed physician. The permit is NOT valid until it has been approved by the DNR Enforcement Division office closest to your home (they are listed below), and you receive a permit card in the mail.

5) A person who knowingly makes a false application or assists another in making a false application for the permit is guilty of a misdemeanor. A physician, chiropractor, or certified nurse practitioner or certified physician assistant acting under the direction of a licensed physician who fraudulently certifies to the commissioner that a person is permanently disabled as specified in the application is guilty of a misdemeanor.

6) The completed and signed permit application must be sent to the indicated DNR Enforcement office location checked below (please check one if one is not already check for you). You should make and keep a duplicate copy of the application for your records.

Note: Please be sure to mail your application no later than October 15th to allow enough time for processing your application.

COPY DISTRIBUTION:
- Original, send to one of the DNR Enforcement offices listed below.
- Duplicate, make a copy for your records.

☐ DNR Enforcement, Northeast Region
   1201 East Highway 2
   Grand Rapids, MN 55744
   phone: 218-327-4424
   fax: 218-327-4507

☐ DNR Enforcement, South Region
   21371 State Highway 15
   New Ulm, MN 56073
   phone: 507-359-6043
   fax: 507-359-6018

☐ DNR Enforcement, Northwest Region
   2115 Birchmont Beach Road N.E.
   Bemidji, MN 56601
   phone: 218-308-2673
   fax: 218-755-4066

☐ DNR Enforcement, Central Region
   1200 Warner Road
   St. Paul, MN 55106
   phone: 651-259-5882
   fax: 651-772-7907