

APPLICATION AND SPECIAL PERMIT
Muzzleloader with a Non-Magnifying Scope
During the Muzzleloader Deer Season

THIS APPLICATION MUST BE COMPLETELY FILLED OUT OR IT WILL BE DENIED

New Application

Renewal

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

I, the undersigned, hereby apply for a special permit, without fee, to use a muzzleloader with a non-magnifying scope during the special muzzleloader deer season, based upon my visual impairment. By my signature, I attest that I have a visual impairment that requires the use of a non-magnifying scope, as verified by medical evidence in section II, below.

Applicant's Full Name (First, Middle, Last) (Print or Type)

Date of Birth

Driver's License No. or State Issued ID No.

Address

City, State and Zip Code

Telephone No. (Include Area Code)

Applicant Signature (*Please see penalty under item 6 on back of form before signing)

Date

II. LICENSED PHYSICIAN, CERTIFIED NURSE PRACTITIONER, CERTIFIED PHYSICIAN ASSISTANT, OPHTHALMOLOGIST, or OPTOMETRIST, to complete this section:

The above applicant has applied for a special permit to use a non-magnifying scope with a muzzleloader during the special muzzleloader deer season. State law restricts such permits to persons who have a visual impairment that requires use of a non-magnifying scope. An example of a qualifying visual impairment would be presbyopia (whether naturally occurring or as a result of surgery or trauma), where the applicant is unable to safely identify targets and the rifle sights at the same time without use of a non-magnifying scope. A licensed physician, certified nurse practitioner, certified physician assistant, a licensed ophthalmologist or licensed optometrist, must verify this disability. Please provide information below regarding the applicant's visual impairment and the limitations relating to the safe use of a muzzleloader with standard rifle sights, and how a non-magnifying scope would correct this limitation.

The following is a brief statement of the disability: Please type or print legibly.

This visual impairment is temporary; and the permit should be valid through: Date

(up to a maximum of five years)

This is a permanent visual impairment. (Valid for five years from the date of the application.)

Describe the visual impairment including: (1) the limitations relating to the safe use of a muzzleloader with standard rifle sights, and (2) how a non-magnifying scope would correct the limitation:

(NOTE: A narrative description is required in order for us to be able to process this permit.)

I certify that I am a licensed physician, certified nurse practitioner, certified physician assistant acting under the direction of a licensed physician, licensed ophthalmologist, or licensed optometrist that I have examined the above named applicant; and I verify that this individual has a visual impairment that requires the use of a non-magnifying scope for the reasons and conditions described above.

Licensed Physician, Certified Nurse Practitioner, Certified Physician Assistant, Ophthalmologist, or
Optometrist: Indicate which below or circle one

Daytime Telephone No. (Include Area Code)

Name (First, M.I., Last) (Print or Type)

Licensed Physician, Ophthalmologist, Optometrist, Signature (*Please see signature/penalty note below
before signing)

Date

SIGNATURE NOTE: A physician, certified nurse practitioner, certified physician assistant, ophthalmologist or optometrist, who fraudulently certifies to the Commissioner that a person is visually impaired as described in the application is guilty of a misdemeanor.

*** TURN OVER FOR PERMIT CONDITIONS, ADDITIONAL INFORMATION AND INSTRUCTIONS ***

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(continued from front)

III. PERMIT CONDITIONS:

1. Permittee must comply with all laws and rules relating to licenses, seasons, bag limits, and transportation of firearms, trespass, and all other applicable provisions.
2. A valid license and this permit must be in possession while hunting deer during the special muzzleloader season with a non-magnifying scope.
3. Permit is valid for a period up to five years, as indicated by the licensed physician, certified nurse practitioner, or certified physician assistant acting under a licensed physician, ophthalmologist, or optometrist on the front of this application. This permit may be denied, revoked, suspended, or modified at any time for cause, including but not limited to: change in permit laws or rules, change in visual impairment condition, or violation of the game and fish laws.
4. Permit is valid only when fully completed and signed by the applicant, fully completed and signed by a licensed physician, certified nurse practitioner, or certified physician assistant acting under a licensed physician, ophthalmologist, or optometrist, and the duplicate copy has been submitted to the Department of Natural Resources Enforcement office nearest your home (they are listed below). There are no other approvals required.
5. The Department of Natural Resources may request additional information from the licensed physician, certified nurse practitioner, certified physician assistant acting under a licensed physician, ophthalmologist, or optometrist, if needed to verify the applicant's eligibility for the permit.
6. 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 licensed physician, certified nurse practitioner or certified physicians assistant, licensed ophthalmologist, or licensed optometrist, who fraudulently certifies to the Commissioner that a person is visually impaired as described in the application is guilty of a misdemeanor.
7. The completed and signed permit application must be mailed or faxed to the indicated DNR Enforcement office location nearest your home. You should make and keep a duplicate copy of the application for your records.

DNR Enforcement, Northeast Region
1201 E. Hwy 2
Grand Rapids, MN 55744
Phone: 218-328-8802
Fax: 218-327-4507

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

DNR Enforcement, South Region
21371 State Highway 15
New Ulm, MN 56073
Phone: 507-359-6043
Fax: 507-359-6018

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

(Please allow 4 weeks for review and processing)

COPY DISTRIBUTION: Original - send to one of the DNR Enforcement offices listed above.

Duplicate - make a copy for your records.