



APPLICATION AND SPECIAL PERMIT

Muzzleloader with a Non-Magnifying Scope During the Muzzleloader Deer Season

- Renewal**
 New Application

I. APPLICANT to complete this section:

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 MN ID No.
Address	City, State, and Zip Code	Telephone No. (Include Area Code)
Applicant Signature (<i>*Please see penalty under item 6 on back from before signing</i>)	Date	

II. PHYSICIAN, 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, ophthalmologist, or 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 that limitation.

The following is a brief statement of the disability:

- This visual impairment is **temporary**; and the permit should be valid through [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 that 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, ophthalmologist, or optometrist, that I have examined the above named applicant, and I verify that this individual has a visual impairment that requires the use or a non-magnifying scope for the reasons and conditions described above.

Licensed Physician, Ophthalmologist, or Optometrist Name (First, M.I., Last) (PRINT or TYPE)	Day Time Telephone No. (Include Area Code)
Licensed Physician, Ophthalmologist, or Optometrist Signature (<i>*Please see signature/penalty note below before signing</i>)	Date

SIGNATURE NOTE: A physician, 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.

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

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(continuation from front)**

III. PERMIT CONDITIONS:

1. Permittee must comply with all laws and rules relating to licenses, seasons, bag limits, 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 of up to five years, as indicated by the 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, ophthalmologist, or optometrist, and the yellow (or 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 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 physician, 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.
7. Completed and signed permit form (yellow copy or duplicate only) must be returned to the indicated DNR Enforcement office location (*please check one if one is not already checked for you*):

DNR Enforcement, Northeast Region
1201 E. Highway 2
Grand Rapids, MN 55744
Phone: 218-327-4424

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

DNR Enforcement, South Region
261 South Highway 15
New Ulm, MN 56073
Phone: 507-359-6043

DNR Enforcement, Central Region
1200 Warner Road
St. Paul, MN 55106
Phone: 651-259-5884