



DOCUMENTATION AND APPLICATION

TYPE 2 DISABLED HUNTER - DRIVER'S LICENSE /MINNESOTA ID ENDORSEMENT

Information regarding the application process for this form:

1. The disabled hunter applicant completes section 1.
2. A licensed physician complete section 2, verifying the disabled hunter's permanent physical disability.
3. This Endorsement can be used for participation in a special disabled hunter season that is sponsored by a nonprofit organization established by the Commissioner of Natural Resources.
4. Bring this completed form into a Minnesota Driver and Vehicle Services office or a Deputy Registrar office to request this Type 2 Disabled Hunter Endorsement to be included on your Minnesota Driver's License or Minnesota Identification card. This Endorsement can be requested at any time, a fee may be charged depending on whether the request is made after or at the same time the driver's license or ID card is issued.
5. Note that this Endorsement is optional and not required by law. A copy of this form does not need to be sent to the Department of Natural Resources. It is recommended you keep a copy for your records.
6. The Endorsement can apply to special disabled hunter seasons established as provided in MS 171.07.7(2) and 97B.111.1, and MR 6232.2500.

SECTION 1. APPLICANT to complete this section, please type or print legibly.

I, the undersigned, hereby apply for a Type 2 Disabled Hunter Endorsement for my Minnesota Driver's License or Minnesota Identification card. By my signature, I attest that:

1. I have a permanent physical disability, and
2. I have met the requirements for a permit to participate a program for physically disabled hunters sponsored by a nonprofit organization and have been referred by that nonprofit organization in special disabled hunter hunts established by the Commissioner of Natural Resources.

Applicant's Full Name (First, Middle, Last)	Date of Birth
Driver's License Number or State Issued Identification Number	State of Issue
Address City, State, Zip Code	Telephone Number
Applicant Signature	Date

SECTION 2. PHYSICIAN to complete this section, please type or print legibly.

The above applicant is applying for a Type 2 Disabled Hunter Endorsement for their Minnesota Driver's License or Minnesota Identification card. State law restricts such endorsements to persons who have a permanent physical disability. Please describe the permanent physical disability below:

The applicant has a permanent physical disability (<i>describe</i>)

I certify that I am a licensed physician that I have examined the above named applicant, and I verify that this individual has a permanent physical disability.

Physician Name (First, Middle, Last)	Daytime Telephone Number (with Area Code)
Physician Signature	Date