

Application for Disability Permit
HUNT FROM STANDING MOTOR VEHICLE



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

I. APPLICANT to complete this section:

I, the undersigned, hereby apply for a special permit, without fee, based on 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 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

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)

Disability Parking Certificate No. or Disability License Plate No. Expiration Month/Year (**Parking Permit/License Plate**)

Applicant Signature: (**Please see penalty note under item 5 on the back of this form before signing*) Date

II. PHYSICIAN/CHIROPRACTOR/CERTIFIED NURSE PRACTITIONER/CERTIFIED PHYSICIANS ASSISTANT

To be completed by a licensed professional. The above applicant is applying for a disability permit. MN Statute 97B.055 restricts this permit to persons who have a permanent physical disability that is more substantial than discomfort from walking. This disability must be verified by a Licensed Physician, Chiropractor, Certified Nurse Practitioner or Certified Physician's Assistant.

STATUTE REQUIREMENT(S) - check the condition(s) that apply

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

PERMIT TYPE - check the appropriate permit type

1. **5 - Year Permit** - this permit is valid for 5 years and requires re-application due to the possibility of a change in applicant's condition.
2. **Lifetime Permit** - this permit is lifetime and the applicant's disability will not change.

PROVIDE A BRIEF STATEMENT OF THE DISABILITY:

Describe the permanent physical disability based on the statute required condition(s) and permit type selected above:

I certify that I am a licensed physician/chiropractor, certified nurse practitioner or certified physician's 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.

Physician/Chiropractor/CNP/CPA Name (First, M.I., Last) (Print or Type) Daytime telephone No. (Include Area Code)

Licensed Physician/Chiropractor/CNP/CPA (**Please see signature/penalty note below before signing*) Date

PHYSICIAN/CHIROPRACTOR/CNP/CPA SIGNATURE NOTE: A physician, chiropractor, CNP or CPA who fraudulently certifies to the Commissioner that a person has a permanent physical disability that is more substantial than discomfort from walking is guilty of a misdemeanor.

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 the laws and rules including but not limited to:
 - 1) The permit is valid for any type of motor vehicle (*car, truck, ATV, snowmobile*).
 - 2) The vehicle must be stationary.
 - 3) If you are hunting big game, your vehicle cannot be within the road right-of-way.
 - 4) You may not transport a loaded firearm or bow.
 - 5) The permit does not allow trespassing.
2. 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 a 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, certified nurse practitioner or certified physician's assistant. 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. 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 checked for you*).

DNR Enforcement- Northeast Region
1201 E. Highway 2
Grand Rapids, MN 55744
Phone: 218-328-8802
Fax: 218-327-4507
Email: EnforcementPermits.dnr@state.mn.us

DNR Enforcement- Northwest Region
2115 Birchmont Beach Road N.E.
Bemidji, MN 56601
Phone: 218-308-2673
Fax: 218-755-4066
Email: EnforcementPermits.dnr@state.mn.us

DNR Enforcement-South Region
21371 State Hwy 15
New Ulm, MN 56073
Phone: 507-233-1208
Fax: 507-359-6018
Email: EnforcementPermits.dnr@state.mn.us

DNR Enforcement- Central Region
1200 Warner Road
St. Paul, MN 55106
Phone: 651-259-5882
Fax: 651-772-7907
Email: EnforcementPermits.dnr@state.mn.us

Tennessee Warning

The DNR is asking you to provide private or confidential data under the Minnesota Government Data Practices Act (MGDPA). DNR is collecting the data for the purpose of determining if you are qualified to receive a disability permit to hunt from a standing motor vehicle. DNR will not use the data for any other purpose than to determine if you qualify for the permit. You are not required to provide this data, but if you refuse to provide it, your permit application will be denied.

The DNR must protect the privacy of this data and will not use it other than for the reasons listed on this form. The following individuals and entities may have access to the information you provide: Employees and officials of the Minnesota Department of Natural Resources whose work assignment reasonably require access to the information and other persons or entities authorized by a state or federal law. The DNR will not release or share this data unless you give us consent in writing or a court orders us to release the data.

Acknowledgment

By signing below, I acknowledge that I have received and read this Tennessee warning.

Printed Name

Signature

Date