

Application for Disability License
HUNT FROM STANDING MOTOR VEHICLE

NA-01266-14
(Rev. K400 11-2024)

Permit expires five years from the date of application

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

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

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/CNP/CPA to complete this section:

The above applicant is applying for a disability permit. State law restricts such permits to persons who have substantial permanent disability. This disability must be verified in writing by a licensed physician, chiropractor, CNP or CPA. 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 of prosthetic device; or
2. **Uses supplemental oxygen to assist breathing** and is unable to walk any distance because of permanent lung, heart, or other internal diseases.

THE FOLLOWING IS A BRIEF STATEMENT OF THE DISABILITY:

NOTE: This 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:

(Check the box that applies to the applicant's permanent disability.)

1. Unable to step from a vehicle without the aid of a wheelchair, crutches, braces, cane, or other mechanical support or prosthetic device.
2. 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'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 is permanently disabled in the application is guilty of a misdemeanor.

PLEASE TURN OVER 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 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. 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 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. 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, CNP or CPA 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 checked for you*). You may keep the 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.

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