BA-116A
Rev 12/15

APPLICATION FOR DISABLED PERSONS ARCHERY HUNTING PERMIT

Before completing this application please read Idaho Code 36- 409(a) and Commission Regulation IDAPA 13.01.04.304 printed on the reverse side.
Please complete, sign and return this application with an issuance fee payment of $1.75 to any Department office listed on the reverse side of this application for issuance of a Disabled Persons Archery Hunting Permit. Please type or print legibly.
A DOCTORS CERTIFICATION ON THIS FORM IS REQUIRED.

I, _____
Name - First, Middle Initial and Last — Social Security No. (Required By Law)

_____
Mailing Address — City — State — Zip Code — Telephone No.

_____
Physical Address (If different than above) — City — State — Zip Code

_____
Sex — Birthdate — Eye Color — Hair Color — Driver's License No. — Driver's License Expire Date — Current Year's Hunting License No.

hereby make application for an IDAHO DISABLED PERSONS ARCHERY HUNTING PERMIT. I affirm that I am capable of holding and firing, without assistance from other persons, a crossbow, that I have read Idaho Code 36-409(a) and IDAPA 13.01.04.304, and that I qualify for this permit with the following disability because I have lost or lost the use of one (1) or both arms or hands.

_____
Signature of Applicant — Date

RESIDENTS OF IDAHO ARE NOT REQUIRED TO HAVE THEIR SIGNATURE NOTARIZED.

State of _____)
) ss.
County of_____)

On this day of _____, 20_____ before me, the undersigned, a Notary Public for the state of _____, personally appeared _____ known to me to be the person whose name is subscribed to the within instrument, and acknowledge to me that _____ executed the same.

IN WITNESS WHEREOF, I have here unto set my hand and affixed my official seal the date and year first hereinabove written:

_____
Notary Public for the State of _____
Residing at _____
My Commission expires _____

ANY PERSON WILLFULLY MAKING FALSE STATEMENTS IN THIS APPLICATION SHALL BE GUILTY OF A CRIMINAL MISDEMEANOR AND THE PERMIT ISSUED TO SUCH APPLICANT SHALL BE VOID AND OF NO EFFECT FROM ITS DATE OF ISSUANCE.

DOCTOR'S CERTIFICATION

I do hereby certify that the above named applicant is disabled as checked above and defined in Idaho Code 36-409(a); the applicant is capable of holding and firing, without assistance from other persons, a crossbow; and I am a physician licensed to practice in the United States or Canada.

_____
Doctor's Name - (Type or Print Legibly) — City — State

_____
Doctor's Signature

PHYSICIANS NOT LICENSED TO PRACTICE IN IDAHO MUST SEND A PHOTOCOPY OF THEIR MEDICAL LICENSE OR HAVE THEIR SIGNATURE NOTARIZED BELOW.

State of _____)
)ss.
County of_____)

On this day of _____, 20_____ before me, the undersigned, a Notary Public for the state of _____, personally appeared _____ known to me to be the person whose name is subscribed to the within instrument, and acknowledge to me that _____ executed the same.

IN WITNESS WHEREOF, I have here unto set my hand and affixed my official seal the date and year first hereinabove written:

_____
Notary Public for the State of _____
Residing at _____
My Commission expires _____

ANY PERSON WILLFULLY MAKING FALSE STATEMENTS IN THIS APPLICATION SHALL BE GUILTY OF A CRIMINAL MISDEMEANOR AND THE PERMIT ISSUED TO SUCH APPLICANT SHALL BE VOID AND OF NO EFFECT FROM ITS DATE OF ISSUANCE.

This Portion to be Completed by Issuing Fish and Game Office

Number of Permit Issued _____ Issued by _____

Vendor Number _____ Date _____

IDAHO CODE 36-409(a)

DISABLED ARCHERY PROVISIONS. When the commission has established a special archery only season, any individual who is otherwise qualified to participate, shall be allowed to do so with the use of a crossbow if he has a permanent disability whereby he does not have use of one (1) or both of his arms or hands. The commission shall promulgate rules to establish a process for verifying the existence of the disability and for issuance of a free permit to qualifying individuals.

The Idaho Fish and Game Commission, in accordance with Section 36-105 and subsection 36-409(a), Idaho Code, hereby establishes the following regulations governing the acquisition of a handicapped archery permit:

IDAPA 13.01.04.304 DISABLED ARCHERY PERMIT

01. Applications.
    a. Applications for disabled archery permits shall be on a form prescribed by the Department. Only eligible applicants may submit such applications.
    b. Applicants shall sign the application. Nonresident applicants must have their signature notarized. Each application shall be accompanied by certification from the applicant's physician stating that the applicant has a permanent disability whereby he does not have use of one (1) or both of his arms or hands. The physician shall also certify that the applicant is capable of holding and firing, without assistance from other persons, a crossbow. If the physician is not licensed to practice in Idaho, a photocopy of the physician's medical license must also be sent in with the application.
02. Permits.
    a. Disabled archery permits shall be issued only by the Director of the Department and shall expire on December 31 of the fifth year following the date of issuance.
    b. The disabled archery permit shall be carried on the person of anyone participating in an archery only season with the use of a crossbow and produced upon request of an officer.
    c. The disabled archery permit shall allow the holder thereof to participate in an archery only hunt with the use of a crossbow.

IDAHO ADMINISTRATIVE CODE — IDAPA 13.01.08

410. UNLAWFUL METHODS OF TAKE

No person shall take big game animals as outlined in this section.

02. Bows, Crossbows, Arrows, Bolts, Chemicals or Explosives
    a. With arrows or bolts having broadheads measuring less than seven-eights (7/8) inch in width and having a primary cutting edge less than fifteenth-thousandths (0.015) inch thick.
    b. With any bow having a peak draw weight of less than forty (40) pounds up to or a draw of twenty-eight (28) inches, or any crossbow having a peak draw weight of less than one hundred-fifty (150) pounds.
    c. With any chemicals or explosives attached to the arrow or bolt.
    d. With arrows or bolts having expanding broadheads.
    e. With arrows or bolts having barbed broadheads. A barbed broadhead is a broadhead which has any portion of the rear edge of the broadhead forming an angle less than ninety (90) degrees with the shaft or ferrule.
    f. With any electronic or tritium-powered device attached to, or incorporated into, an arrow, bolt, crossbow, or bow. Except disabled archery permit holders may use a nonmagnifying sight with battery powered or tritium lighted reticles.
    g. With any bow capable of shooting more than one (1) arrow at a time.
    h. With any compound bow with more than eighty-five percent (85%) let-off.
    i. With an arrow and broadhead, or bolt and broadhead, with a combined total weight of less than three hundred (300) grains.
    j. With an arrow less than twenty four (24) inches or a crossbow bolt less that twelve inches in length from the broadhead to the nock inclusive.
    k. With an arrow wherein the broadhead does not proceed the shaft and nock.
    l. During an ARCHERY ONLY season, with any firearm, crossbow (except holders of a disabled archery permit), or other implement other than a longbow, compound bow, or recurve bow, or:
        i. With any device attached that holds a bow at partial or dull draw.
        ii. With any bow or crossbow equipped with magnifying sights.
    m. With any crossbow pistol.

IDAHO DEPARTMENT OF FISH AND GAME
Virgil Moore, DIRECTOR
600 S. WALNUT ST.; P.O. BOX 25; BOISE, ID 83707
PHONE (208) 334-3717

PANHANDLE REGION OFFICE
2885 W Kathleen Ave.
Coeur d'Alene, ID 83815
Phone (208) 769-1414

CLEARWATER REGION OFFICE
3316 16th St.
Lewiston, ID 83501
Phone (208) 799-5010

SOUTHWEST REGION OFFICE
3101 S. Powerline Rd.
Nampa, ID 83686
Phone (208) 465-8465

McCALL SUBREGION OFFICE
555 Deinhard Lane
McCALL, ID 83638
Phone (208) 634-8137

MAGIC VALLEY REGION OFFICE
319 S. 417 E.
HWY 93 Business Park
Jerome, ID 83338
Phone (208) 324-4359

SOUTHEAST REGION OFFICE
1345 Barton Rd.
Pocatello, ID 83204
Phone (208) 232-4703

UPPER SNAKE REGION OFFICE
4279 Commerce Circle
Idaho Falls, ID 83401
Phone (208) 525-7290

SALMON REGION OFFICE
99 HWY 93 N.
Salmon, ID 83467
Phone (208) 756-2271