



APPLICATION FOR SPECIAL WEAPON REASONABLE MODIFICATION HUNTING PERMIT

Expect at least 14 days for processing and notification

Before completing this application please read Commission Rules IDAPA 13.01.04.305 printed on the reverse side. Please complete, sign and return this application along with \$1.75 issuance fee to the Fish and Game Headquarters office listed on the reverse side of this application for review of the request to use a reasonable weapon modification for a special weapon hunting season. Please type or print legibly. **A DOCTOR'S CERTIFICATION IS REQUIRED ON THIS FORM.**

I, _____

Name - First, Initial and Last

Mailing Address

City State Zip Code Telephone No.

Gender Birthdate

Social Security No. (Required By Law)

Current Year's Hunting License Number

Driver's License No. DL Issue Date

hereby make application for an IDAHO SPECIAL WEAPON MODIFICATION HUNTING PERMIT. By my signature, I attest I have an impairment that limits my ability to participate in a special weapon season without reasonable equipment accommodations, as verified by the physician, ophthalmologist, or optometrist signing this application. I affirm I am capable of holding and firing without assistance from other persons, legal hunting equipment.

X _____

Signature of Applicant Date

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.

Applicant to complete this section: Individuals must identify the equipment accommodation requested, and explain how the requested accommodation will allow them to participate in the special weapon hunt without enhancing their abilities beyond the limitations and purpose of the special weapon hunt. Additional information may be added on a separate page.

PHYSICIANS, OPHTHALMOLOGIST, OR OPTOMETRIST to complete this section:

The named applicant is applying for a special permit for a reasonable equipment accommodation during a special weapon hunt because they have an impairment that limits their ability to participate without reasonable accommodations. Please provide information below regarding the applicant's impairment.

The following is a brief statement of the disability:

[] This is a long term (permanent) impairment.

[] This is a short term (temporary) impairment that is expected to end on _____(date).

Describe the impairment including how the impairment limits the applicant's participation in a special weapon hunt without reasonable equipment accommodation: (NOTE: A narrative description is required in order for us to be able to process this request.)

I certify that I have examined the named applicant, and I verify that this individual has an impairment that requires the use of reasonable equipment accommodation in a special weapon hunt for the reasons and conditions described above.

Physician, Ophthalmologist, or Optometrist(Print)

City State

X _____

Signature

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

On this day of _____, 20____ before me, the undersigned, a Notary Public for the state of _____, residing in _____ county, 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:

My Commission Expires _____

IDAPA 13.01.04.305. REASONABLE MODIFICATION PERMIT FOR SPECIAL WEAPON HUNTING SEASONS.

01. Applications for Reasonable Modification Permits for Special Weapon Hunting Seasons. (3-20-20)

a. Applications for reasonable modification permits will be on a form prescribed by the Department. (3-20-20)

b. Each application submitted on the Department form shall be accompanied by certification from the applicant's physician, physician assistant, or nurse practitioner stating the criteria limiting the applicant's ability to participate without special accommodation, along with the applicant's certification that the applicant is capable of holding and firing, without assistance from other persons, legal firearms or archery equipment. If the physician, physician assistant, or nurse practitioner is not licensed to practice in Idaho, a copy of the physician, physician assistant, or nurse practitioner's medical license must accompany the application. Physicians, physician assistants, or nurse practitioners must check the appropriate box for short-term or long-term disability on the application, and for short-term disability, include a date when the disability is expected to end. (3-20-20)

c. Each application must identify the equipment accommodation requested, and explain how the requested accommodation will allow the applicant to participate in the special weapon hunt without enhancing their abilities beyond the limitations and purpose of the special weapon hunt. (3-20-20)

02. Reasonable Modification Permits for Special Weapon Hunting Seasons. (3-20-20)

a. Reasonable modification permits will expire no later than December 31 of the fifth year following the date of issuance. (3-20-20)

b. The Department will make its determination based on the reasonableness of the accommodation and its consistency insofar as possible with all provisions guiding other participants in the special weapon hunting season. The Department has discretion to deny the application as unreasonable in light of restrictions for other participants in the hunt, or set a modification different from the modification requested. (3-20-20)

c. A copy of the permit shall be carried by the person while hunting in any special weapon hunt. (3-20-20)

**IDAHO DEPARTMENT OF FISH AND GAME
ED SCHRIEVER, DIRECTOR
600 S. WALNUT ST.
P.O. BOX 25; BOISE, ID 83707
PHONE (208) 334-3771**