




WASHINGTON DEPARTMENT OF FISH AND WILDLIFE
HUNTER / FISHER DISABILITY STATUS APPLICATION
Mail to: WDFW, Licensing Division, PO Box 43154, Olympia, WA 98504
Fax to: (360) 902-2466

Please Print Clearly													
APPLICANT INFORMATION REQUIRED													
LAST NAME				FIRST NAME				MIDDLE		SUFFIX JR / SR			
MAILING ADDRESS				PHYSICAL ADDRESS									
CITY			STATE		ZIP		CITY			STATE		ZIP	
SEX M / F		HEIGHT FT. IN.		WEIGHT		DOB		EYE COLOR		Last four of SSN			
WILD ID				EMAIL				PHONE					
<div> I hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing information is true and correct.</div> <div><div>Applicants Signature</div><div>Date</div></div>													
* Physician: please check and sign one or more following boxes to describe above applicant.													
<div><div>_____ Physician Signature</div><div><input type="checkbox"/> Permanent inoperable physical disability: Upper Extremity Impairment</div></div>													
<div><div>_____ Physician Signature</div><div><input type="checkbox"/> Permanent inoperable physical disability: Lower Extremity Impairment</div></div>													
<p>A person who has a permanent disability and is not ambulatory over natural terrain without a lower extremity prosthesis or must permanently use a medically prescribed assistive device for mobility, including, but not limited to, a wheelchair, crutch, cane, brace, walker, or oxygen bottle; or A person who has a permanent disability and is physically incapable of holding and safely operating a firearm or other legal hunting/fishing device; or This definition includes, but is not limited to, persons with a permanent upper or lower extremity impairment who have lost the use of one or both upper or lower extremities, or who have a diagnosed permanent disease or disorder which substantially impairs or severely interferes with mobility or the use of one or both upper or lower extremities for holding and safely operating a firearm or other legal device. Remember, physical conditions relating completely to the comfort level of the applicant are not acceptable criteria for the issuance of disability status.</p>													
<div><div>_____ Physician Signature</div><div><input type="checkbox"/> Permanent inoperable physical disability: Blind / Visually Impaired</div></div>													
<p>Central visual acuity does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is not greater than 20 degrees; or, Low Vision is a severe loss of visual acuity ranging from 20/70 to 20/200 while retaining some visual function; or, Visual impairments may include, but are not limited to: Albinism, Aniridia, Aphakia, Cataracts, Glaucoma, Macular Degeneration, or other similar diagnosed disease or disorder.</p>													
<div><div>_____ Physician Signature</div><div><input type="checkbox"/> Permanent Developmental disability: Mental / Physical Impairment</div></div>													
<p>A cognitive intellectual disability such as: cerebral palsy, down syndrome, epilepsy, autism, or another neurological condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. RCW 71A.10.020(4). NOT included: PTSD, Bi-polar, ADD, ADHD, Anxiety, Parkinson's, Multiple Sclerosis.</p>													
<div><div>I am a licensed MD, ARNP, or PA for the above named person, and by my signature do certify under penalty of perjury of the law, the above applicant has a permanent disability as I have indicated.</div><div><div>X</div><div>Licensed MD, ARNP, and PA Signatures Accepted</div><div>Date</div></div></div>													
<div>Physician's Name _____ Title _____ (Please print clearly)</div> <div>Address _____ Zip _____</div> <div>Telephone Number: () _____ Medical License Number/NPI: _____ Mandatory</div>													
WDFW USE ONLY													
Approved By:						Date:							

Eligibility Requirements for WDFW Disability Status

The Washington State Legislature, and/or the Fish and Wildlife Commission established eligibility requirements stated below. Receiving a disability award or rating from the Social Security Administration, the Veterans Administration, or any other federal, state, and/or county entity does not automatically make one eligible for the privileges issued by WDFW.

To qualify for disability status with WDFW you must have a **permanent inoperable** disability which meets one of the following:

Permanent inoperable means: not treatable or remediable by surgery, all surgeries and treatments have been exhausted or not curable because of undue risk to the patient.

WAC 220-200-160 Definition of a person with a disability.

- (1) "Person with a disability" means a person who has a permanent physical disability or permanent developmental disability which substantially impairs their ability to participate in recreational activities or access department lands; and
 - (a) "Lower extremity disability" means a person who has permanent lower extremity impairment and is not ambulatory over natural terrain without a lower extremity prosthesis or must permanently use a medically prescribed assistive device every time for mobility, including, but not limited to, a wheelchair, walker, crutch, oxygen, defibrillator; or
 - (b) "Upper extremity disability" means a person who has permanent inoperable upper extremity impairment and is physically limited in their ability to hold and safely operate a legal hunting or harvesting device; or
 - (c) These definitions include, but are not limited to, persons with a permanent upper or lower extremity impairment who have lost the use of one or both upper or lower extremities, or who have a severe physical limitation in the use of one or both upper or lower extremities, or who have a diagnosed permanent disease or disorder which substantially impairs or severely interferes with mobility or the use of one or both upper or lower extremities.
- (2) "Blind or visually impaired" means:
 - (a) "Blindness" is a central visual acuity that does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field does not exceed twenty degrees; or
 - (b) "Low vision" is a severe loss of visual acuity ranging from 20/70 to 20/200 while retaining some visual function; or
 - (c) Visual impairments may include, but are not limited to inoperable: Albinism, Aniridia, Aphakia, Cataracts, Glaucoma, Macular Degeneration, or other similar diagnosed disease or disorder.
- (4) "Developmental Disability" means: (RCW 71A.10.020)

A cognitive intellectual disability such as: cerebral palsy, down syndrome, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, **which originates before the individual attains age eighteen**, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.

NOT included: PTSD, Bi-polar, ADD, ADHD, Anxiety, Depression, Parkinson's, Multiple Sclerosis...

Temporary and/or short' term disabilities are not permitted.

How to Apply:

To apply for disability status your Licensed Physician (MD), Advanced Registered Nurse Practitioner (ARNP), or Physician Assistant (PA) having intimate knowledge and documentation of your disability will need to complete and certify this **Hunter / Fisher Disability Status Application**.

Please return this completed application to our main office at: Licensing Division, PO Box 43154, Olympia, WA 98504, or you can fax the application to: (360) 902-2466.

Please allow 2 weeks for processing. If you do not receive a notice on your application after 2 weeks please contact our office at: (360) 902-2464, TTY: 711

For assistance please call: Licensing Division 360-902-2464

Or visit your regional WDFW office.

** Physician; as used on this form, the term "physician" includes a medical doctor, a physician's assistant (see RCW 18.71A.080), or an osteopathic physician's assistant (see RCW 18.57.080), or an advanced registered nurse practitioner (see RCW 18.79.256).*