SPECIAL USE PERMIT APPLICATION

for persons with disabilities

Hunting from within a Motorized Vehicle

Washington Department of Fish and Wildlife

WASHINGTON DEPARTMENT OF FISH AND WILDLIFE

SPECIAL USE PERMIT APPLICATION

Mail to: WDFW, ADA Manager, PO Box 43139, Olympia, WA 98504
Fax to: (360) 902-2392

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	HAIR COLOR

WILD ID	EMAIL	PHONE

I hereby certify under penalty of perjury under the laws of the State of Washington that the information provided on this form is true and correct. RCW 77.15.650(1)(a) Penalty Providing False Information

Applicant's Signature _____ *Date* _____

APPLICANTS CERTIFICATION OF DISABILITY

Applicant: Special Use Permits (SUP) are available to any person who has applied for, receives, and maintains in good standing "Disability Status" with Washington State Department of Fish and Wildlife (WDFW); and who has a permanent inoperable physical or cognitive disability; and the disability must be certified by a licensed physician through this SUP application process. You are applying for a Special Use Permit to accommodate your physical inability to board (enter) and disembark (exit) from a motorized vehicle. **State law restricts permit to persons with permanent inoperable disabilities**. There are no temporary permits.

Application instructions:

1. **Applicant must complete and certify all information requested on page one (1).**
2. **Take application to licensed physician with intimate knowledge of your disability condition and physical impairment.**
3. **Review this entire packet with your physician.**
4. **Physician must review page 1 and complete page 2, 3, and 4.**
5. **Physician statements, signatures, address, phone, medical ID number and title are mandatory on this form.**
6. **Attach any supporting documentation to this application and mail or fax to the location/number provided above.**
7. **Allow 4-6 weeks for processing. Incomplete applications will be returned.**

Applicant: Please circle your answer for the following statements as they pertain to your permanent inoperable disability.

YES **NO** I have been issued WDFW Disability Status and a companion card.

YES **NO** I have been issued a DOL Disability Parking Placard or Disability Vehicle License Plate.

YES **NO** I require the physical assistance of another individual to help me board (enter) and disembark (exit) from a motorized vehicle each and every time I get in and get out.

YES **NO** I require the assistance of a wheelchair lift or other boarding assistance device to board (enter) and disembark (exit) from a motorized vehicle each and every time.

YES **NO** I require the assistance of a portable DC life sustaining medical device everytime to board, ride, and disembark from a motorized vehicle, ie: oxygen generator, heart pump machine.

PHYSICIANS MEDICAL CERTIFICATION OF APPLICANTS DISABILITY

Physician: The above applicant is applying for a Special Use Permit to accommodate them during their hunting activity. WDFW is dedicated to improving opportunities for people with permanent disabilities through reasonable accommodations. People with permanent inoperable disabilities may have unique needs due to their impairments. Special Use Permits (SUP) allow for a specific exception to a recreational activity, service, or regulation. Each Special Use Permit is customized on a case by case basis to each individual's particular need. WAC 220-200-170 **State law restricts such permit to persons with permanent inoperable disabilities**. There are no temporary permits. Correctable and operable medical impairments do not qualify.

Permanent inoperable means: not treatable or correctable, all surgeries, treatments, and mechanical devices have been medically exhausted, or not curable because of undue risk to the patient.

Special Use Permits (SUP) are available to any person who has applied for, receives, and maintains in good standing "Disability Status" with Washington State Department of Fish and Wildlife (WDFW); and who has a permanent inoperable physical or cognitive disability; and the disability must be certified by a licensed physician through this SUP application process.

Application instructions:

1. Licensed MD, ARNP, PA with intimate knowledge of applicant's disability and physical impairment may complete application.
2. Physician must complete and certify all information requested.
3. Physician statements, signatures, address, phone, medical NPI number and title are mandatory on this form.
4. Attach any supporting documentation, testing protocol, or SOAP reports to this application.
5. Incomplete, vague, or illegible statements will be returned.

Physician must complete and certify the following information requested.

Physician, the following questions pertain specifically to the applicants permanent inoperable disability which renders them unable to physically board (enter) and disembark (exit) a motorized vehicle without assistance from another individual every time, or without the assistance of a wheelchair ramp or lifting device each and every time to board and disembark a motorized vehicle.

Physician initials are required next to each applicable answer and is subject to RCW 9A.72.030.

1. Is the applicant's diagnosed disease, disorder, or injury disability permanent? YES _____ NO _____

   Indicate diagnosed disease, disorder, or injury: _____

2. Is the applicant's impairment from the disability condition permanent? YES _____ NO _____

   Indicate impairment resulting from disability: _____

3. Is the applicant's physical impairment correctable? YES _____ NO _____
4. Has applicant undergone surgery or other treatment to correct impairment? YES _____ NO _____
5. Applicant permanently uses a medically prescribed assistive device? YES _____ NO _____

   Example: walker, arm crutches, leg braces, oxygen, heart pump? _____

6. Applicant permanently uses a lower extremity leg prosthetic? Right Left YES _____ NO _____
7. Applicant permanently uses a Wheelchair? YES _____ NO _____
8. Has applicant been issued a parking placard under RCW 46.19.010(1)? YES _____ NO _____
9. Has applicant been placed on Labor and Industries claim (L&I)? YES _____ NO _____
10. Has applicant been placed on Disability Retirement (SSI)? YES _____ NO _____

Physician must complete and certify the following information requested.

Physician, the applicant is requesting to hunt game and operate their hunting device from within their motorized vehicle. Please certify the following questions that pertain specifically to the applicants permanent inoperable disability which renders them physically unable to board (enter) and disembark (exit) from a motorized vehicle without the assistance of a wheelchair ramp / lift device, or without physical assistance from another individual each and every time to get in and get out of a motorized vehicle.

Physician initials are required next to each answer and is subject to RCW 9A.72.030.

11. My patient has been issued a Disability Parking Placard or Disability Vehicle License Plate. YES Initial _____ NO Initial _____

12. My patient requires physical assistance from another individual to help them board (enter) and disembark (exit) from a motorized vehicle each and every time. YES Initial _____ NO Initial _____

13. My patient requires the assistance of a wheelchair lift or other boarding assistance device to board (enter) and disembark (exit) from a motorized vehicle each and every time. YES Initial _____ NO Initial _____

14. My patient requires the assistance of a portable DC life sustaining medical device everytime to board, ride, and disembark from a motorized vehicle, ie: oxygen generator, heart pump. YES Initial _____ NO Initial _____

PHYSICIAN MEDICAL INFORMATION AND SIGNATURE CERTIFICATION

I Print Physician's Name _____ *am a licensed MD, ARNP, or PA for the above named person, and by my signature do certify under penalty of perjury according to the laws of the State of Washington RCW 9A.72.030, the above applicant has a permanent inoperable disability as I have indicated and verify the physical condition is serious enough to render them unable to hunt without this permit. I understand physical conditions relating completely to the comfort level of the applicant are not acceptable criteria for the issuance of a Special Use Permit. Therefore, I confirm the information I have provided on this form is correct and true.*

Medical Signature _____ ***Date*** _____

Address _____

_____

_____ ***Phone*** _____

Medical License Number (NPI) _____ ***Title*** _____

WDFW use below

☐ APPROVED ☐ NOT APPROVED

Processed by: _____

Position Title: _____

Date: _____

Notes: _____

Received Date Stamp