

# **SPECIAL USE PERMIT APPLICATION**

for persons with disabilities

## ***Scope Device***



*Washington Department of Fish and Wildlife*



## APPLICATION INFORMATION DEFINITIONS

**Americans with Disabilities Act (ADA)** - The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including all public and private places that are open to the general public. It provides guidance in determining and accommodating those persons who have lost one of life's basic activities, such as the ability to dress oneself, feed oneself, see, hear, walk, talk, understand and communicate.

**Scope** - A telescopic sight, commonly called a scope, is an optical sighting device that is based on a refracting telescope. Telescopic sights are classified in terms of the optical magnification (i.e. "power") and the objective lens diameter. Variable-power telescopic sights in the low magnification range (1-4x, 1-6x or 1-8x), called low-power variable optics (LPVO), may be permitted on muzzleloader or archery devices for this accommodation.

**iScope / iSpotter type device** - An adaptive device which holds a cell phone, pad, or tablet up to the telescopic sight. This allows the applicant to view with both eyes, the target and cross-hairs easily on the screen of the utilized device. This accommodates both the visually impaired and physically impaired applicant.

**Advanced Registered Nurse Practitioner (ARNP)** - A practice grounded in nursing and incorporates the use of independent judgment. Practice includes collaborative interaction with other health care professionals in the assessment and management of wellness and health conditions.

**Physician Assistant (PA)** - A person who is licensed by the commission to practice medicine to a limited extent only under the supervision of a physician.

**Physician** - A doctor of medicine or osteopathic medicine licensed to practice in the State of Washington.

**Consulting Physician** - A physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

**Ophthalmologist** - A medical doctor who has completed college and at least eight years of additional medical training, an ophthalmologist is licensed to practice medicine and surgery.

**Optometrist** - Not a medical doctor. A healthcare professional licensed to practice optometry, which primarily involves performing eye exams and vision tests, prescribing and dispensing corrective lenses, detecting certain eye anomalies, and prescribing medications for certain eye diseases.

**Maximum Medical Improvement (MMI)** - Maximum medical improvement occurs when no fundamental or marked change in the impairment condition is expected. Temporary conditions do not meet MMI for this application.

**Permanent Inoperable Disability Impairment** - not treatable or correctable, all surgeries, all treatments, and all mechanical device use have been exhausted; or not curable because of undue risk to the patient.

Applicants must be 12 months post-op surgery before physician can certify condition as permanent inoperable (MMI). Pain, swelling, or age-related conditions are not a quantifiable impairment for a scope.

No archery sight or muzzleloader scope shall contain or use any device, no matter how powered, to project or transmit any light beam, infrared beam, ultraviolet light beam, radio beam, thermal beam, ultrasonic beam, particle beam or other beam outside the sight or scope onto the target.

**NOTE:** A person shall not seek diagnosis from a Physician, ARNP, PA, or a Ophthalmologist / Optometrist for purposes of meeting the requirements of this accommodation on more than 2 occasions within a 6-month period.



WASHINGTON DEPARTMENT OF FISH AND WILDLIFE  
**SPECIAL USE PERMIT SCOPE APPLICATION**

Mail to: WDFW, Licensing, 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			HAIR COLOR				
WILD ID				EMAIL				PHONE							
<p>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</p> <p>Applicant's Signature _____ Date _____</p>															

**APPLICANTS CERTIFICATION OF DISABILITY**

**Applicant:** You are applying for a Special Use Permit to accommodate your permanent visual disability with hunting activities. State law restricts such permit to persons with permanent inoperable disabilities. There are no temporary permits. 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 visual disability; and the disability must be certified by a licensed physician/ophthalmologist/optometrist through this SUP application process.

**Application instructions:**

1. Applicant must complete, certify, sign and date all information requested on page one (1).
2. Take application to licensed MD with intimate knowledge of your permanent visual disability condition.
3. Review this entire packet with your licensed physician/ophthalmologist/optometrist.
4. Physician/ophthalmologist/optometrist must review page 1 and complete page 2 and 3.
5. MD 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, vague, or illegible applications will be returned.

**Applicant:** Please answer all questions below. Circle each answer that best describes your disability visual condition.

**RCW 77.32.480 - Resident who is blind or visually impaired meeting Maximum Medical Improvement (MMI).**

- |  |     |    |
|--|-----|----|
| 1. My central visual acuity does not exceed 20/200 in my better eye with corrective lenses:  | YES | NO |
| 2. The widest diameter of my visual field does not exceed twenty degrees:  | YES | NO |
| 3. My visual acuity ranges between 20/70 to 20/200 retaining some visual function:   | YES | NO |
| 4. My visual impairment includes, but is not limited to: Albinism, Aniridia, Aphakia, Cataracts, Glaucoma, Macular Degeneration type conditions, or other similar diagnosed and permanent disease or disorder: | YES | NO |
| 5. My impairment is Hyperopia, Myopia, Astigmatism, or a Presbyopia type condition:  | YES | NO |

## PHYSICIANS MEDICAL CERTIFICATION OF APPLICANTS DISABILITY

**Physician:** The above applicant is applying for a Special Use Permit (SUP) to accommodate their permanent visual impairment.

**State law restricts such permit to persons with permanent inoperable disabilities.** There are no temporary permits.

Correctable and operable visual disability impairments not meeting Maximum Medical Improvement (MMI) do not qualify.

**Hyperopia, Myopia, Astigmatism, or Presbyopia type conditions do not qualify.**

WDFW is dedicated to improving opportunities for people with permanent disabilities through reasonable accommodations or equipment modifications. Special Use Permits (SUP) allow a specific exception to a recreational activity, service, or regulation. This Special Use Permit allows the use of a scoping device during any hunting season. WAC 220-200-170

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 visual disability; and the disability must be certified by a licensed physician/ophthalmologist/optometrist through this SUP application process.

### Application instructions:

1. Licensed MD, ARNP, PA with intimate knowledge of applicant's visual impairment may complete application.
2. Read applicants answers on page 1, then review this entire packet with your patient.
3. Physician must complete, sign, and date to certify all information requested on page 2 and 3.
4. Physician statements, signatures, address, phone, medical NPI number and title are mandatory on this form.
5. Attach any supporting documentation to this application and mail or fax to the location/number provided.
6. Incomplete, vague, or illegible statements/application will be returned.

Physician must complete and certify the following information requested.

Physician, the following questions pertain specifically to the applicants permanent inoperable visual disability which renders them unable to utilize a traditional muzzleloader or bow sighting device. The loss must meet Maximum Medical Improvement (MMI).

**My patient(s);** *Circle either Yes or No for each answer below*

- |   |     |    |
|---|-----|----|
| 1. diagnosed visual disease, visual disorder, or visual injury is permanent meeting MMI:  | YES | NO |
| 2. visual impairment is not correctable:  | YES | NO |
| 3. has undergone surgery or other treatment to correct impairment:  | YES | NO |
| List surgery/treatment date(s) applicable to visual impairment: _____, _____, _____.  |     |    |
| 4. permanent visual impairment is 12 months post operative:   | YES | NO |
| 5. central visual acuity does not exceed 20/200 in the better eye with corrective lenses:   | YES | NO |
| 6. widest diameter of their visual field does not exceed twenty degrees:  | YES | NO |
| 7. visual acuity ranges between 20/70 to 20/200 retaining some visual function:   | YES | NO |
| 8. visual impairment includes, but is not limited to: Albinism, Aniridia, Aphakia, Cataracts, Glaucoma, Macular Degeneration type conditions, or other similar diagnosed and permanent disease or disorder: | YES | NO |
| 9. visual impairment is Hyperopia, Myopia, Astigmatism, or a Presbyopia type condition:   | YES | NO |

I certify # \_\_\_\_\_ "YES" answer's above for this page; Signature \_\_\_\_\_ *MD Signature*

*List number of Yes answer's above for verification/validation and sign.*

PHYSICIAN MEDICAL INFORMATION AND SIGNATURE CERTIFICATION

I Print Physician's Name am a licensed MD, ARNP, PA, ophthalmologist or optometrist 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 visual disability as I have indicated and verify the physical condition is serious enough to render them unable to operate a muzzleloader or archery device without this 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

Requested accommodation \_\_\_\_\_

Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Processed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Received  
Date  
Stamp