



**DELAWARE DIVISION OF FISH AND WILDLIFE**  
**HUNTING FROM A MOTORIZED REGISTERED VEHICLE**  
**PERMIT APPLICATION**

Via completion of this form in full by the applicant and by a licensed physician and upon submission of this original form to the Wildlife Section, Delaware Division of Fish and Wildlife, 89 Kings Highway, Dover, Delaware, 19901, holders of this fully completed application form are authorized to hunt from a vehicle for the life of the permittee unless revoked. This permit can only be issued if it is signed by a medical doctor to certify that the applicant is unable to hunt without the use of a motor vehicle. The Division reserves the right to test applicants to see if they meet the criteria of disability and to revoke the permit upon violation of any wildlife law related to hunting of deer from a motor vehicle. **All Sections Must Be Completed.**

**APPLICANT'S CERTIFICATION**

1. Name:	2. Social Security No.
3. Address:	4. City: <span style="float: right;">5. County:</span>
	6. State: <span style="float: right;">7: Zip:</span> 8. Telephone: <span style="float: right;">9: DOB:</span>

**I hereby certify that I have read and understood the regulation on hunting from a motor vehicle. This permit allows you to hunt on designated public wildlife areas and on private land with prior approval. This permit does not allow the use of ATVs or golf carts. For designated wildlife area disabled hunting opportunities, please contact the appropriate Regional Biologists. Their phone numbers are as follows: New Castle County (302) 834-8433; Kent County (302) 284-1077; and Sussex County (302) 539-3160.**

8. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN'S CERTIFICATION**

Listed below are the criteria that the Division accepts for the issuance of special permits to allow a disabled hunter to use a motor vehicle to hunt in Delaware.

1. Is the applicant fully confined to a wheelchair? (Check One)       YES                       NO
2. Is the applicant a single or double amputee above the knee, or be a double amputee below the knee?  
(Check One)       YES                       NO
3. Does the applicant have a permanent physical disorder which cannot be surgically corrected and requires the aid of two (2) crutches, or two (2) canes at all times for mobility? (Check One)  
 YES                       NO
4. Does the applicant suffer from lung disease to the extent that forced (respiratory) expiratory volume for one second when measured by spirometer is less than one liter or arterial oxygen tension(po) is less than 60 mm/Hg on room air at rest? (Check One)  
 YES                       NO

5. Is the applicant impaired by cardiovascular disease to the extent that functional limitations are classified in severity as class III or class IV according to standards accepted by the American Heart Association? (Check One)

YES

NO

6. Please provide a written description of the patient's disability below:	
7. Printed Name of Physician:	
8. Office Address:	9. Office Phone:

10. I certify, via my signature, that the information provided on this form is true, complete and correct to the best of my knowledge and made in good faith.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONCE COMPLETED AND SIGNED BY A PHYSICIAN, THE APPLICANT SHOULD BRING OR MAIL THE ORIGINAL FORM TO THE WILDLIFE SECTION, RICHARDSON & ROBBINS BUILDING, 89 KINGS HIGHWAY, DOVER, DELAWARE, 19901, WHICH THEN BECOMES THE PERMIT REQUIRED FOR HUNTING FROM A MOTOR VEHICLE.**

**THIS PERMIT IS VALID FOR THE LIFE OF THE PERMITTEE UNLESS REVOKED.**

\_\_\_\_\_  
**David E. Saveikis**  
**Director**

\_\_\_\_\_  
**Date**