



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

Upon 1) completion of this form in full by the applicant and by a licensed physician, 2) submission of this original form to the Wildlife Section, DNREC Division of Fish and Wildlife, 89 Kings Highway, Dover, DE 19901, and 3) approval by the Division Director, holders of this form are authorized to hunt specified game animals 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 1) to administer tests to applicants to verify that applicants meet the disability criteria and 2) to revoke the permit upon violation of any wildlife law related to hunting of specified game animals from a motor vehicle. ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

APPLICANT'S CERTIFICATION

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NO.:** _____

This permit allows the permittee to hunt on designated public state wildlife areas and on private land with prior approval. This permit does not authorize the use of ATVs or golf carts. For state wildlife areas, the permittee must contact the regional manager for disabled hunting opportunities and prior approval to hunt from a vehicle before hunting in designated areas. Regional managers can be reached Monday through Friday during business hours at the following numbers: New Castle County (302) 834-8433; Kent County (302) 284-1077; Sussex County (302) 539-3160.

I hereby certify that I have read and understood the regulation on hunting from a motor vehicle.

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? ___ YES ___ NO

2. Is the applicant a single or double amputee above the knee, or a double amputee below the knee? ____
YES ____ NO
3. Does the applicant have a permanent physical disorder that cannot be surgically corrected and requires the aid of two (2) crutches, or two (2) canes at all times for mobility? ____ 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? ____ 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? ____
YES ____ NO
6. Please provide a written description of the patient's disability:

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

Print Physician's Name, Address, Telephone and License Number Below:

Physician's Name: _____

Physician's Address: _____
Street/P.O. Box
City
State
Zip

Telephone: _____ Physician's License No.: _____

Return this completed form, signed by a physician, to: DNREC Division of Fish and Wildlife, 89 Kings Highway, Dover, DE 19901, Attention: Wildlife Section

Upon approval, this form will be returned to the applicant and will become the permit required for hunting from a motor vehicle. This permit is valid for the life of the permittee unless revoked.

Patrick J. Emory, Director Date