



STATE OF DELAWARE  
**DEPARTMENT OF NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL**

DIVISION OF FISH & WILDLIFE  
RICHARDSON & ROBBINS BUILDING  
89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

**WILDLIFE  
SECTION**

PHONE  
(302) 739-9912

**POLICY REGARDING HUNTERS WITH DISABILITIES<sup>1</sup>**

The Department of Natural Resources and Environmental Control (DNREC) has implemented a policy designed to strengthen its program for hunters with disabilities. Hunters using special facilities and accommodations intended for the disabled, are required to provide documentation of a permanent disability. This policy ensures that hunters with permanent disabilities are given preference for use of facilities and opportunities intended for them. Eligible hunters will be issued a FREE laminated Hunter with Disabilities card that they can present at DNREC facilities. Hunters issued a Hunter with Disabilities card are still required to attend daily lotteries to be issued an accessible stand or blind at locations and during season when all stands or blinds are issued by lottery.

Hunters may provide the Department documentation in one of the following ways:

1. A statement signed by a licensed physician attesting that the applicant has a permanent disability that substantially limits one or more major life activities. The Department will provide a form that the hunter may give to the physician;

**OR**

2. A document issued by a Federal Agency, such as the Veteran's Administration, which attests that the applicant has been medically determined to be eligible to receive Federal Benefits as a result of a permanent disability. Other acceptable Federal agency documents include proof of receipt of Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) or the Federal Interagency Access Pass;

**OR**

3. A document issued by a State agency such as the vocational rehabilitation agency, which attests that the applicant is eligible to receive vocational rehabilitation agency benefits or services as a result of medically-determined permanent disability. **Providing a State motor vehicle department disability sticker, license plate or hang tag is not acceptable documentation.**

Information and forms regarding this policy can be found at <https://dnrec.delaware.gov/fish-wildlife/hunting/disabilities/>. Hunters may also request required forms by calling (302) 739-9912. All application must be mailed to: Division of Fish and Wildlife, Attention: Wildlife Section, 89 Kings Highway, Dover, DE 19901.

<sup>1</sup> The Americans With Disabilities Act states that a "disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual."

**APPLICATION FOR A CERTIFIED HUNTER WITH DISABILITIES CARD**

To accommodate hunters with permanent disabilities, the Department of Natural Resources and Environmental Control ensures preference for use of facilities and accommodations intended for permanently disabled hunters. To identify those who are permanently disabled, this form must be completed by a licensed physician to document a permanent disability. Upon receiving this documentation, the Department will review the provided information to determine eligibility. If eligible, a hunter will be issued a Certified Hunter with Disabilities Card . The card, when presented by the hunter, will be honored at State Wildlife Areas and State Parks to gain access to special facilities and accommodations when available.

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**APPLICANT: PLEASE COMPLETE THIS SECTION BEFORE PHYSICIAN CERTIFICATION**

Applicant's Name (**PRINT**): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**By signing above, the applicant authorizes his/her physician to provide required information to the Dept. of Natural Resources and Environmental Control.**

**PHYSICIAN: PLEASE COMPLETE THIS SECTION ON BEHALF OF THE PATIENT NAMED ABOVE**

This is to certify that the patient named above has a permanent disability with no prognosis for improvement as related to one or more of the items listed here (please **check** all that apply). **If the patient is not PERMANENTLY disabled, please do not sign this document.**

\_\_\_ Is unable to walk; permanently confined to a wheelchair for mobility.

\_\_\_ Is a single or double amputee.

\_\_\_ Requires assistance of another person or assistive device to walk safely due to a severe limitation in the ability to walk or climb resulting from an arthritic, neurological or orthopedic condition.

\_\_\_ Uses portable oxygen or is restricted by lung disease to such an extent that the applicant's forced (respiratory) expiratory volume, one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg. at room air or rest.

\_\_\_ Has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV, according to standards set by the American Heart Association.

I do hereby swear and confirm that the above information is true and correct.

\_\_\_\_\_   
 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 to:**

Delaware Division of Fish and Wildlife  
89 Kings Highway  
Dover, DE 19901  
Attention: Wildlife Section

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***This Section For Division of Fish and Wildlife Use Only:***

***Date Received:*** \_\_\_\_\_

***Certification Number:*** \_\_\_\_\_

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