



**STATEMENT OF CONFIRMATION FOR MEDICAL DISABILITY
DEER GUN - TAKE ANY DEER**
North Dakota Game and Fish Department
Licensing Section SFN 6538 (03/2023)

PATIENT INFORMATION:

GNF Customer No.

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Applicant's Full Name:	Phone:	Date of Birth:	
Address:	City:	State:	Zip Code:
<p><i>I, (signed below) request a permit to take any type of deer with provisions of NDCC Section 20.1-03-11(6), by being unable to step from a vehicle without aid of a wheelchair, crutch, brace, or other mechanical support or prosthetic device or who is unable to walk any distance because of a permanent lung, heart, or other internal disease that requires the person to use supplemental oxygen to assist breathing. I hereby certify that I have not been convicted of any game or fish violation within the past year or under suspension.</i></p>			
Applicant Signature:		Date:	

STATEMENT OF MEDICAL CONFIRMATION:

This section can only be completed by: A Licensed Physician or Licensed Chiropractor.
(Excludes Certified Nurse Practitioner and Certified Physician Assistant.)

➔ **Incomplete applications will be denied, and a new application must be submitted.**

Select the following condition(s) of diagnosis that apply to the patient:

- 1. Patient is unable to step from a vehicle without aid of a wheelchair, crutch, brace, or other mechanical support or prosthetic device.
- 2. Patient is unable to walk any distance because of a permanent lung, heart, or other internal disease that requires the person to use supplemental oxygen to assist breathing.

Select one of the following medical conditions:

- 1. Medical condition where there is a reasonable expectation of recovery.
- 2. Medical condition for which there is no reasonable expectation of recovery.

Describe the patient's medically diagnosed disability or injury in DETAILED, LEGIBLE TERMS. See *Physical conditions on Page 2. (Physical condition relating completely to the comfort level, strength or age of applicant are not acceptable criteria for this permit.)*

By signing below, I acknowledge the information provided on this form is factual and accurate.

Licensed Physician/Chiropractor Signature:		Date:	
Print Name:	Name of Clinic:		
Title:	Address:		
Phone:			



1. Permits and their associated length of issuance are based on whether the applicant's medically diagnosed injury or disability is recoverable or long term(permanent). Permanent injury or disability conditions will have to renew their permits every 5 years and require physician certification on a new application form.
2. Physical Conditions relating completely to the comfort level, strength, or age of the applicant are not acceptable criteria for issuance of this permit. Pain alone is not an applicable criterion for this permit.
3. At least one of the following conditions must be met for the issuance of the Disability take any type deer authorization.
 - ***Unable to step from a motorized vehicle without the aid of a wheelchair, crutch, brace or other mechanical support or prosthetic device; or***
 - ***Unable to walk any distance because of a permanent lung, heart, or other internal disease that requires the person to use supplemental oxygen to assist breathing.***
4. This application for a special permit will be considered by the Director or their designee only when fully completed, signed by the applicant, and signed by a Licensed Physician, or Licensed Chiropractor.
5. **Penalty note for Signatures:** An individual certifying to or providing false information to the Director, for the purposes of obtaining this permit, is guilty of a misdemeanor.
6. Permit holders are responsible for renewing their applications in a timely matter. Typical processing time is 7-10 business days depending on the season/time of year.
7. **This permit may be revoked, amended, suspended, or modified at any time for cause, including but not limited to change in permit laws or rules, a change in disability or injury eligibility, or violation and conviction of North Dakota Game and Fish laws.**