



REQUEST FOR SPECIAL FISHING/HUNTING CROSSBOW PERMIT

North Dakota Game and Fish Department
Licensing Section SFN 6076 (06/2017)

MAIL APPLICATION TO NDGF AT:
100 N. Bismarck Expressway
Bismarck, North Dakota 58501-5095
Phone: (701) 328-6335

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED

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|--------------------------|--|--|-------------------|---------|
| Name: | | | | |
| Address: | | City: | State: | Zip +4: |
| *Social Security Number: | | ND Driver's License # or ND Nondriver Photo ID # (Required): | | |
| Date of Birth: | | Height: | Weight: | |
| Eye Color: | | Hair Color: | Telephone Number: | |

I, (signed below) request a permit to use a crossbow in the legal taking of either wildlife or nongame fish in North Dakota, in lieu of a compound, long, or recurve bow, with a minimum draw weight of 35 pounds. I hereby certify that I have not been convicted of any game or fish violations within the past year or under suspension. I also understand I must possess the appropriate valid fishing and/or hunting license in addition to the special crossbow permit.

| | |
|-------------------------|-------|
| Signature of Applicant: | Date: |
|-------------------------|-------|

STATEMENT OF CONFIRMATION

This section can only be completed by: Licensed Physician, Certified Nurse Practitioner, Certified Physician Assistant, or Licensed Chiropractor.

I, the undersigned, verify that the above special permit applicant, is incapable of using a compound, long or recurve bow with a minimum draw weight of 35 pounds, due to the loss of the use of one or both arms caused by birth defect, injury, or disease, as indicated below (at least one box must be marked with "x"):

- Being blind – An individual who is blind means an individual who is totally blind, whose central visual acuity does not exceed twenty/two hundred in the better eye with corrective lenses, or in whom the widest diameter of the visual field is no greater than twenty degrees. The above applicant must attach a description of land or preserve where they would use this permit.
- Being a paraplegic.
- Having lost the use of one or both arms – Describe the disability or injury, and why this person is incapable of using a compound, long or recurve bow with a minimum draw weight of 35 pounds because of this disability or injury. **See Permit Conditions on Page 2.** (Physical condition relating completely to the comfort level or strength of the applicant are not acceptable criteria for issuance of this permit):

PLEASE CHECK ONE. The above verified condition is a _____ Permanent disability (permit must be renewed every 5 years) or is a _____ Temporary disability (Expires March 31 following the date of issue).

| | | |
|-----------------|--------|----------|
| Print Name: | Title: | Phone #: |
| Signature: | | Date: |
| Name of Clinic: | City: | State: |

Penalty note for Signatures: An individual certifying to or providing false information to the Director, for the purpose of obtaining this permit, is guilty of a misdemeanor.

***Social Security Number Requirement.** In accordance with state law NDCC 20.1-03-35 and 42 US Code 666 (a)(13) and (16), North Dakota Game and Fish Department is required to collect social security numbers from all persons obtaining any license or permit.



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Permit Conditions

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1. Permittee must comply with all laws and rules relating to the seasons, bag limits, trespass, and all other applicable provisions.
2. The Department issues the following type of permits for this application:
 - a. **Temporary Disability Permit:** is a permit pertaining to those medical conditions where there is a reasonable expectation of recovery in the near future (1 to 2 years). Physical condition relating completely to the comfort level or strength of the applicant are not acceptable criteria for issuance of this permit. The physical condition must be serious enough to render the person unable to hunt by archery as defined in c below. The permit expires March 31 following the date of issue. Except if the request is received Feb. 1 – Mar. 31 of current year, the permit will expire the following year on March 31. This permit may be revoked, amended, suspended, or modified at any time for cause, including but not limited to: a change in permit laws or rules; a change in disability or injury eligibility; or violation and conviction of North Dakota Game and Fish laws.
 - b. **Permanent Disability Permit:** is a permit pertaining to those medical conditions for which there is no reasonable expectation of recovery. The permit must be renewed every 5 years, requiring physician certification on a new application form. The physical condition must be serious enough to render the person unable to hunt by archery as defined in c below.
 - c. Many physicians or chiropractors have found that the following conditions render individuals incapable of using a compound, long or recurve bow with a minimum draw weight of 35 pounds: amputation of arm or hand, chronic dislocating shoulder, paralysis, severe chronic rotator cuff injury, severe upper extremity arthritis, or other serious medical condition which makes use of a compound, long or recurve bow with a minimum draw weight of 35 pounds to be impossible.
3. If the person applying for this special permit is applying on the premise of being blind they need to furnish the description of the property(s) on which they will be using the permit.
4. This application for a special permit will be considered by the Director only when fully completed, signed by the applicant, and signed by: Licensed Physician, Certified Nurse Practitioner, Certified Physician Assistant, or Licensed Chiropractor.
5. Crossbows used for hunting under this permit must comply with all archery regulations found in the current fishing or hunting proclamations for the species being taken.