



# REQUEST PERMISSION TO SHOOT FROM A STATIONARY MOTOR VEHICLE

North Dakota Game and Fish Department  
Licensing Section SFN 6096 (08/2017)

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**

<b>Applicant Name:</b>					
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>ND Driver's License # or ND Nondriver Photo ID # (Required):</b>		<b>Eye Color:</b>	<b>Hair Color:</b>	<b>Height:</b>	<b>Weight:</b>
<b>*Social Security Number:</b>		<b>Telephone Number:</b>		<b>Date of Birth:</b>	
I, (signed below) request a permit to shoot wildlife, from a stationary motor vehicle in accordance with provisions of NDCC Section 20.1-02-05(10), by being physically unable to walk for purposes of hunting or taking wildlife or having lost the use of an arm at or below the elbow. I hereby certify that I have not been convicted of any game or fish violation within the past year or under suspension.					
<b>Applicant Signature:</b>			<b>Date:</b>		

**NOTE:** This permit allows the permittee to drive, or to be driven, on private land for the purpose of hunting wildlife, except that neither any other passenger within the vehicle nor the driver, if someone other than the permittee, may be a hunter, unless such other person is also a permittee. Provided, however, that the land is privately owned, and if the permittee is not going to drive or be driven along an established road or trail, the permittee must first obtain the consent of the owner or tenant to hunt on the land.

## STATEMENT OF CONFIRMATION

**This section must be completed by a Licensed Physician only (excludes Certified Nurse Practitioner and Certified Physician Assistant) or Licensed Chiropractor.**

I, the undersigned, verify that the above applicant is physically unable to walk for purposes of hunting or taking wildlife or has lost the use of an arm at or below the elbow.

**Describe the applicant's disability or injury in detailed legible laymen terms:** \_\_\_\_\_

**PLEASE CHECK ONE.** The above verified condition is:

- Permanent – there is no reasonable expectation of recovery. (Permit must be renewed every 5 years, requiring physician certification on a new application form.)
- Temporary. (Permit will be issued running consecutive with general licenses; April 1 to March 31. Expires March 31 following the date of issue.)

<b>Print Name:</b>	<b>Title:</b>		
<b>Signature:</b>	<b>Date:</b>	<b>Phone #:</b>	
<b>Name of Clinic:</b>	<b>City:</b>	<b>Zip:</b>	

**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.