



DISABILITY TAKE ANY TYPE OF DEER GUN APPLICATION

North Dakota Game and Fish Department
Licensing Section SFN 6538 (09/2017)

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

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

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.

Applicant Signature:	Date:
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NOTE: This permit converts one deer gun tag per year to an any sex or species of deer for the unit assigned on the tag. Permit holders need to send the lottery tag to the licensing department each year to have it verified and stamped.

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, change in disability eligibility, or violation of hunting, trespass or firearm.

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:

PLEASE CHECK ONE.

- Unable to step from a vehicle without 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.

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 is good only for the current deer season.)

Print Name:	Title:	
Signature:	Date:	Phone #:
Name of Clinic:	City:	Zip:

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.