

Physically Challenged Hunter Program Program Information

Applicants with felony convictions, Class II or above wildlife, WMA, or littering convictions within the past 5 years, as determined by the Enforcement Division, shall not be issued permits.

CLASS I: WHEELCHAIR BOUND

- The disability must permanently confine the applicant to the use of a wheelchair.
- If the applicant may eventually recover enough to not require the use of a wheelchair, he or she does not qualify for this class permit. If the future prognosis is uncertain, the applicant does not qualify at this time.

CLASS II: MOBILITY IMPAIRED

- Cannot walk 200 feet without stopping to rest.
- Cannot walk without the assistance of another person, walker, cane, crutches, braces, prosthetic device, or temporary use of a wheelchair.
- Is restricted by a lung disease to such an extent that the person's forced (respiratory) volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest.
- Uses portable oxygen.
- Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- Has a diagnosed disease or disorder, including a severe arthritic, neurological, or orthopedic impairment, which creates a severe mobility limitation.
- Individuals who are temporarily disabled for a minimum of one year duration may be issued this permit. The permit would be valid for one year only. If the condition still exists after one year, the individual must reapply and be issued a new permit.

CLASS III: AMPUTEE OF THE UPPER EXTREMITY

- The applicant must have an amputation of at least one arm, hand, or all five fingers.

CLASS IV: VISUALLY IMPAIRED

- Must have an impairment of visual functioning, even after treatment and/or standard refractive correction, and has a visual acuity of equal to or less than 20/200 to light perception, or a visual field of less than ten degrees from the point of fixation, as certified by a Louisiana licensed optometrist or ophthalmologist.

Should you require additional information about this program or wish to have an application sent to you, contact your nearest Wildlife and Fisheries Regional Office.

LDWF
9961 Hwy 80
Minden, LA 71055
318 371 3050

LDWF
368 Century Tel Dr.
Monroe, LA 71203
318 343 4044

LDWF
1995 Shreveport Hwy
Pineville, LA 71360
318 487 5885

LDWF
1213 North Lakeshore Dr.
Lake Charles, LA 70601
337 491 2575

LDWF
5652 Highway 182
Opelousas, LA 70570
337 948 0255

LDWF
42371 Phyllis Ann Dr.
Hammond, LA70403-1254
985 543 4777

Permit # _____

Issue date: _____

PHYSICALLY CHALLENGED HUNTER'S PERMIT - APPLICATION

Name _____
Last First Middle Jr. or Sr.

Mailing Address _____

City _____ State _____ Zip Code _____ Phone # _____

Social Security # _____ Date of Birth _____ LA Drivers License # _____

Date _____ Hunter Education Certification # _____
(Required if you were born on or after September 1, 1969)

Type of permit you are applying for (please circle choice):

Class I: Wheelchair Bound

Class II: Mobility Impaired

Class III: Amputee (upper extremity)

Class IV: Visually Impaired

***This section must be completed by a Louisiana Licensed Medical Doctor or
an Ophthalmologist or Optometrist for the Visually Impaired applicant***

In an effort to insure that all permittees meet the requirements of the law, please review this information and answer the following questions.

Permanent Disability _____

Temporary Disability _____

(To qualify the disability must be for at least one year)

Describe the specific nature of the disability and the reason this applicant qualifies for the requested permit.

I hereby affirm that **I am a medical doctor** licensed to practice medicine in the state of Louisiana and further state that the patient listed above meets the criteria as described in the guidelines for the Physically Challenged Hunter Program and should be issued the appropriate permit.

Physician's Name (Printed) _____

Address: _____

Phone #: _____

Approved: _____

Date: _____

(Signature of Licensed Physician)

OFFICE USE ONLY

Enforcement Captain: _____

Date: _____

Division Administrator: _____

Date: _____

Return the original signed and completed application by mail to:

LDWF -GCP Ecoregion (PCHP)

42371 Phyllis Ann Drive

Hammond, LA 70403

985-543-4777 (Phone)

985-543-4787 (Fax)