



Return the original signed and completed application by mail to:
 Louisiana Department of Wildlife and Fisheries
 ATTN: Wildlife Division, Room 442
 2000 Quail Drive
 Baton Rouge, LA 70808 Phone: 225-765-2346

Office Use Only
 Received by: _____ Date Received in Office: _____
 Date Permit Mailed: _____ Permit #: _____

PHYSICALLY CHALLENGED HUNTERS PERMIT APPLICATION
THIS IS A 2-PAGE APPLICATION. BOTH PAGES MUST BE RETURNED FOR PROCESSING.

 Last First Middle Jr. or Sr.

 Mailing Address

 Phone # Date of Birth Social Security #

 LA Driver's License # LDWF# Hunter Education Certification #

 Email Address:

Please circle one of the following: **I would like my permit MAILED.** **I would like my permit EMAILED.**

 Applicant Signature Date

**** Note: A background check will be performed and any applicants with felony convictions or with class two or above wildlife convictions, WMA or littering violations within the last five years, as determined by the LDWF Enforcement Division, shall not be issued permits. Fishing and boating violations are excluded.**

This section must be completed by the applicants Louisiana Licensed Medical Doctor or Ophthalmologist or Optometrist for the Visually Impaired

In an effort to insure that all permittees meet the requirements of the law, please review the information on the Qualifications Information page of this application and initial the bottom in space provided. Then complete the following information and return all documents to the patient.

Type of permit applicant qualifies for (please check one):

- Class I: Wheelchair Bound (Permanent)
- Class III: Upper Extremity Amputee (Permanent)
- Class IV: Visually Impaired (Permanent)
- Class II: Mobility Impaired (Permanent)
- Class II: Mobility Impaired (Temporary)
 - Duration of Disability _____
 (To qualify, the disability must be for at least 1 year.)

Describe the specific nature of the physical disability and the reason this applicant qualifies for the requested permit. If more room is need, please use Physician's office letterhead to explain the nature of the disability.

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): _____ **Phone #:** _____

Address (Printed): _____

Physician's Signature: _____ **Date:** _____

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Enforcement Captain: _____ Date _____ Approved Denied
 Division Administrator: _____ Date _____ Approved Denied

Physically Challenged Hunter Program Qualifications Information

CLASS I: WHEELCHAIR CONFINED

- The applicant must have a disability that **permanently** confines the applicant to the use of a wheelchair.
- **He or she does not qualify for this class permit if** the applicant may eventually recover enough to not require the use of a wheelchair, or the future prognosis is uncertain.

CLASS II: MOBILITY IMPAIRED

- **The disability must be permanent, AND;**
- Must impair the applicant sufficiently to preclude walking farther than 200 feet without stopping to rest, even with mechanical aids.
- Must require continual use of artificial limbs, crutches, leg braces, or canes due to injury, disease, or birth defect. Cannot walk without the assistance of another person, walker, cane, crutches, braces, prosthetic device or temporary use of a wheelchair.
- May include defects of circulatory system, respiratory system, skeletal structure, or neurological disorders caused by disease, injury, or birth defect.
- Applicant must be 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, OR
- Has a diagnosed disease or disorder including a severe arthritic, neurological, or orthopedic impairment, which creates a severe mobility limitation.
- **He or she does not qualify for this class permit if** there is eventual recovery; the future prognosis is uncertain; a vision impairment; there are arm, hand, shoulder, or other impairments that do not affect walking; if any impairment is considered to be a part of or resulting from the normal aging process; and/or if any impairment is resulting from or due to a lack of physical conditioning.
- **For a Temporary Mobility Permit:** individuals who are temporarily disabled for a minimum of one-year duration may be issued this permit for a period of one year only. If the condition still exists after one year, the individual would have to reapply and be issued a new permit.

CLASS III: AMPUTEE OF THE UPPER EXTREMITY

- The applicant must have a **permanent disability** of amputation of at least one arm, hand, or all five fingers.

CLASS IV: VISUALLY IMPAIRED

- Must have a **permanent disability** 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 certified by a Louisiana licensed optometrist or ophthalmologist.
- A **permanent disability** visual field of less than ten degrees from the point of fixation, as certified by a Louisiana licensed optometrist or ophthalmologist.

Physician must initial
here to confirm
qualifications were read
and understood.
