



## COLORADO PARKS & WILDLIFE

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6060 Broadway • Denver, Colorado 80216  
Phone (303) 297-1192  
cpw.state.co.us

Dear License Applicant:

Thank you for requesting a Colorado Parks and Wildlife (CPW) 'Application for Mobility-Impaired Big Game Hunting'.

Enclosed you will find an application form. The front of the application is to be completed by you, the applicant. Your physician or physical, occupational, or recreational therapist must complete the back of the application.

To qualify for this program, the applicant must have a mobility impairment resulting from **permanent** medical conditions which makes it **physically impossible for them to hunt without the assistance of an attendant**. Please see the regulations printed on the reverse of this letter for further information.

The enclosed application, if approved, will assist the applicant in acquiring a hunting license for antlerless elk, antlerless deer, doe pronghorn, and / or spring turkey. Qualification for this program is a lifetime qualification and if you are approved, you will no longer need to get a physician's statement. Again, if you are approved for this program, you will be assigned a lifetime approval code number.

If approved for the Mobility Impaired Big Game Program License Program, the applicant is exempt from the Habitat Stamp requirement.

Please be aware if you have qualified for an accommodation permit (shooting from a vehicle, etc.) that qualification is separate from the mobility-impaired. Therefore, you still must complete the enclosed form to qualify for the mobility-impaired license.

Thank you for your continued support of Colorado Parks and Wildlife. I wish you the best of luck in all of your future hunting, fishing, and outdoor activities. If you have any further questions, please feel free to contact the phone number below.

Limited License Section  
Colorado Parks and Wildlife  
(303) 291-7380

Enclosure: Application for Mobility-Impaired Big Game License

STATE OF COLORADO  
John W. Hickenlooper, Governor • Mike King, Executive Director, Department of Natural Resources  
Bob D. Broscheid, Director, Colorado Parks and Wildlife  
Parks and Wildlife Commission: Robert W. Bray • Chris Castilian, Secretary • Jeanne Home  
Bill Kane, Chair • Gaspar Perricone • James Pribyl • John Singletary  
Mark Smith, Vice-Chair • James Vigil • Dean Wingfield • Michelle Zimmerman  
Ex Officio Members: Mike King and John Salazar

## Regulations for the Mobility-Impaired Licenses

“#206 B.4.d. & #321 3.b.4– “Mobility-Impaired Hunting Licenses” – The Director may make certain antlerless deer, antlerless elk, antlerless pronghorn, and spring turkey licenses available to qualified mobility-impaired hunters.

1. Applicants for mobility-impaired hunting licenses must have a mobility impairment resulting from **permanent** medical conditions which makes it **physically impossible for them to hunt without the assistance of an attendant**. Evidence of an impossibility to participate in the hunt without the assistance of an attendant may include, but is not limited to, prescribed use of a wheel chair; shoulder or arm crutches; walker; two canes; or other prescribed medical devices or equipment.
2. Applications for mobility-impaired licenses shall be made on the form available from, and submitted with the applicable license fee to, Colorado Parks and Wildlife, Limited License Section, 6060 Broadway, Denver, Colorado, 80216. Hunters may apply from the Monday after the May Commission Meeting through the last day of the rifle seasons.
3. Applications for mobility-impaired hunting licenses shall contain a statement from a licensed medical doctor or a certified physical, occupational, or recreational therapist describing the applicant’s mobility impairment and the permanent medical condition which makes it impossible for the applicant to hunt without the assistance of an attendant. Additional documentation may be required if necessary to establish the applicant’s eligibility for a mobility-impaired hunting license. For the 2001 seasons and thereafter, once certified by Colorado Parks and Wildlife as mobility-impaired according to these regulations, applicants will not be required to submit the medical statement.
4. Mobility-impaired hunting licenses will be available in all game management units (GMU’s) with a total allocation of more than 100 antlerless deer or 100 antlerless elk or 50 doe pronghorn during the rifle seasons described in Regulation #’s 250, 257, and 262. For each game management unit (GMU) no more than 10 or 2 percent of the total number of limited antlerless or doe licenses for the game management unit, which ever number is greater, shall be issued as mobility-impaired hunting licenses for the species in question. As issued, mobility-impaired licenses will be valid only for the season dates and any units included in the authorized hunt code. Mobility-impaired licenses may not be issued for ranching for wildlife properties unless otherwise provided in the ranch contract.
5. Ten (10) mobility-impaired hunting licenses will be available for the spring turkey season, valid only on private lands in units 91, 92, and 96. The license will be valid for the season dates established for the authorized hunt code. Mobility-impaired licenses may not be issued for ranching for wildlife properties unless otherwise provided in the ranch contract.

**Please be aware that an accommodation permit (shooting from a vehicle, etc.) is different and separate from the mobility-impaired license.**

**If approved for the Mobility Impaired Big Game Program License Program, the applicant is exempt from the Habitat Stamp requirement.**

**Colorado Parks and Wildlife continues to urge you to apply for big game licenses through the regular draw process.**



COLORADO

Parks and Wildlife

Department of Natural Resources

Colorado Parks and Wildlife
Limited License Section
6060 Broadway
Denver, CO 80216
P 303.291.7380

MOBILITY IMPAIRED BIG GAME HUNTING LICENSE PROGRAM REQUEST FORM

Return the completed request form (both pages) to the address above. Please print clearly.

Customer Identification Number (CID):

Grid for Customer Identification Number (CID)

Hunt Code Choice(s):

Hunt code choice for Deer: D F [ ] [ ] [ ] [ ] R Deer

Hunt code choice for Elk: E F [ ] [ ] [ ] [ ] R Elk

Hunt code choice for Pronghorn: A F [ ] [ ] [ ] [ ] R Pronghorn

Hunt code choice for Spring Turkey: T M [ ] [ ] [ ] [ ] R Spring Turkey

If you have not already been approved for this program, and you do not know which hunt code to apply for, leave the hunt code section blank. If approved, you will be mailed a list of eligible hunt codes when the list is available

NAME (first name, middle initial, last name)

AREA CODE & PHONE NUMBER

MAILING ADDRESS (mailing address, city, state, zip)

DATE OF BIRTH

HEIGHT

WEIGHT

SEX

RESIDENT OF COLORADO SINCE (month & year)

DRIVER'S LICENSE NUMBER

HUNTER EDUCATION NUMBER & STATE OF ISSUE

SOCIAL SECURITY NUMBER

(with State of Issue)

(Required if born on or after January 1, 1949)

(Required if not on file)

ARE ANY OF THE FOLLOWING AMBULATORY DEVICE(S) CURRENTLY PRESCRIBED TO YOU?

Wheelchair, Canes, Walker, Crutches, Prosthetic Leg(s), or other ambulatory device (if other device is prescribed, please list:)

- Yes, full-time use
Yes, part-time use
No ambulatory devices are currently prescribed to me.

Other:

"I certify that the information provided on this request form is true and accurate. I hereby authorize Colorado Parks And Wildlife to make further inquires to verify this information which may include contacting my physician or physiscal, occupational, or recreational therapist. I understand that providing false information when submitting for a license or permit is a criminal offense."

Applicant's Signature

Date

Authorization checkbox

By checking this box, you authorize Colorado Parks and Wildlife to release your name and mailing address to organizations that assist individuals with mobility impairments with hunting activities

Do not use this request form to apply for a Wildlife Recreation Accommodation Permit (eg Shoot from vehicle, crossbow in archery season, aid to track and dispatch)

IF YOU HAVE NOT BEEN PREVIOUSLY APPROVED FOR THIS PROGRAM, PLEASE HAVE YOUR PHYSICIAN OR PHYSICAL, OCCUPATIONAL, OR RECREATIONAL THERAPIST COMPLETE STATEMENT ON REVERSE SIDE

# PHYSICIAN OR PHYSICAL, OCCUPATIONAL, OR RECREATIONAL THERAPIST'S STATEMENT

This request form, if approved, will allow the individual to purchase a hunting license for elk cow, doe deer, doe pronghorn, or spring turkey. Licenses for this program are sold from a separate quota process than the general public license sales. This program is intended for individuals with a mobility impairment that makes it physically impossible for them to hunt without an assistant in the field.

## THIS PORTION OF THE REQUEST FORM MUST BE COMPLETED BY THE PHYSICIAN OR PHYSICAL, OCCUPATIONAL, OR RECREATIONAL THERAPIST

Print clearly or use a stamp with all of the following information:

Physician's (or Therapist's) Name:

Practice Name:

Mailing Address with City State Zip:

Phone Number with Area Code:

PATIENT'S NAME: \_\_\_\_\_

IS THIS MOBILITY IMPAIRMENT PERMANENT?    Yes    No   DATE OF DIAGNOSIS: \_\_\_\_\_

ARE ANY OF THE FOLLOWING AMBULATORY DEVICE(S) CURRENTLY PRESCRIBED TO THE PATIENT?

AND IF SO, TO WHAT EXTENT IS THE PATIENT REQUIRED TO USE THE DEVICE?

Full-Time   Part-Time   If only used under certain conditions, please explain:

Wheelchair:         \_\_\_\_\_

Canes:         \_\_\_\_\_

Walker:         \_\_\_\_\_

Crutches:         \_\_\_\_\_

Prosthetic Leg(s):         \_\_\_\_\_

Other:         \_\_\_\_\_

None:      Check this box if: No Ambulatory Devices Are Currently Prescribed

IN "LAYMAN'S TERMS", PLEASE DESCRIBE THE NATURE/DIAGNOSIS OF IMPAIRMENT:

In answering this question, please be specific about the patient's impairment. Statements, such as "heart problem" or "bad back" are vague descriptions of the patient's impairment and do not provide adequate information to make a determination in regards to the request for mobility impaired hunting license. List only the impairment(s) that impact the patient's mobility.

EXPLAIN HOW THE PATIENT'S MOBILITY IMPAIRMENT MAKES IT PHYSICALLY IMPOSSIBLE FOR THEM TO HUNT WITHOUT THE ASSISTANCE OF AN ATTENDANT:

In answering this question, please be specific about the impossibility of hunting without an attendant. Note: Difficulty with game retrieval is NOT considered an impossibility as a hunter can already have assistance in the field.

*"I certify that the patient whose name appears on this request form is currently under my care and I am fully aware of the patient's medical condition. Furthermore, I certify that this patient has the mobility impairment as stated. I understand that providing false information is a criminal offense."*

Physician or Physical, Occupational, or Recreational Therapist's Signature \_\_\_\_\_

Date \_\_\_\_\_