



COLORADO

Parks and Wildlife

Department of Natural Resources

License, Reservation, & Customer Operations
6060 Broadway
Denver, CO 80216
P 303.291.7235

Dear License Applicant:

Thank you for requesting an information packet for Colorado Parks and Wildlife's (CPW) #206 B.4.d & #321 3.b4 - 'Mobility-Impaired Big Game Hunting License Program'.

Enclosed you will find a request form. The first page of the request form 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.

The enclosed request form, 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 you will be assigned a lifetime approval code number and you will no longer need to get a physician's statement.

Mobility-impaired hunting licenses are 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. For each GMU no more than 10 licenses or 2 percent of the total number of limited antlerless or doe licenses for the GMU, whichever number is greater, shall be issued as mobility-impaired hunting licenses.

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 hunt code.

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.

You are also encouraged to continue to apply for big game licenses through the public draw process.

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.

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(303) 291-7235



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Limited License Section
6060 Broadway
Denver, CO 80216
P 303.291.7235

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):

D F [] [] [] [] R Deer

E F [] [] [] [] R Elk

A F [] [] [] [] R Pronghorn

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)

DATE OF BIRTH

AREA CODE & PHONE NUMBER

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

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

SEX

RESIDENT OF COLORADO SINCE (month & year)

DRIVER'S LICENSE NUMBER (with State of Issue)

HUNTER EDUCATION NUMBER & STATE OF ISSUE (Required if born on or after January 1, 1949)

SOCIAL SECURITY NUMBER (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 physical, 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

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

