

Application for the Wounded Warrior Big Game License(s) Program

Please print clearly in all CAPITAL letters

Customer Identification Number (CID)

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If you do not have a CID #, please leave blank

Huntcode Choice(s):

D									R	Deer
E										Elk
A										Pronghorn

Last Name	First Name	MI	Date of Birth (mm-dd-yyyy)
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Mailing Address	City	State	Zip Code
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Area Code & Phone Number	Driver's License # & State	Sex	Weight	Height
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Colorado Resident Since <small>List Month & Year if CO resident List 'Military' if stationed in CO</small>	Hunter Education # & State of issue <small>Required if born on or after Jan 01, 1949. Military Training does NOT qualify for Hunter Education.</small>	Social Security # <small>Required if not on record</small>
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"I certify that the information given on this application is true and accurate. I certify that I am a member of the United States Armed Forces, who is a resident of, or stationed in, Colorado returning from post-September 11, 2001 overseas contingency operations and I have been so severely injured during combat, including combat-related support activities that I will require years of intense, ongoing care or assistance. Additionally, I certify that I am currently assigned to a military medical treatment facility and I am a member of a United States Armed Services Wounded Warrior program (as defined on the reverse of this application). I hereby authorize the Colorado Parks And Wildlife to make further inquires to verify this information which may include contacting my physician, therapist, or my Commanding Officer. I understand that providing false information when completing this application is a criminal offense and I specifically agree that venue for such offenses shall be the District and County Court of Adams County Colorado unless otherwise agreed by the Colorado Parks And Wildlife."

Address Release Box: By checking this box, I give the Colorado Parks And Wildlife permission to forward my name, address, phone number, & license information to certain persons requesting it. (see Big Game Brochure for further details)

Applicant's Signature & Date

Physician's Statement

This program will assist the applicant in acquiring a Big Game license for deer, elk, and/or pronghorn.

"I certify that the patient listed on this application (applicant) is currently under my care and I am fully aware of the patient's medical condition. Furthermore, I certify that the applicant is a member of the United States Armed Forces and is a resident of, or stationed in, Colorado returning from post-September 11, 2001 overseas contingency operations. Additionally, I certify that the applicant is so severely injured during combat, or combat-related support activities that the applicant will require years of intense, ongoing care or assistance. I also certify that the applicant is currently assigned to a military medical treatment facility and is a member of the United States Armed Services Wounded Warrior program (as defined on the reverse of this application). I understand that providing false information when completing this application is a criminal offense."

Physician's Name, Address, & Phone Number
Please Print or Stamp Clearly

Physician's Signature & Date

Mail completed application to:
Colorado Parks And Wildlife, Attn: Wounded Warrior Program, 6060 Broadway, Denver, CO 80216

Colorado Parks And Wildlife Regulations: Chapter 2, Article 1, #206, B, 4, f:

Wounded Warrior Hunting Licenses – The Director may make certain deer, elk, and pronghorn licenses available to qualified participants in any United States Armed Services Wounded Warrior programs.

1. Applicants must be members of the United States Armed Forces, who are residents of, or stationed in, Colorado returning from post-September 11, 2001 overseas contingency operations who have been so severely injured during combat, including combat-related support activities, that they will require years of intense, ongoing care or assistance. Additionally, applicants must be members of a United States Armed Services Wounded Warrior program, as defined in 33-4-102(1.9) C.R.S., and must be assigned to a military medical treatment facility at the time of application for this program.
2. Applications shall contain a statement from a license medical doctor certifying the applicant's eligibility under the criteria in 1 above. Additional documentation may be required if necessary to establish the applicant's eligibility under this program.
3. Applications for antlerless deer and elk and doe pronghorn licenses shall be made on the form available from the Colorado Parks And Wildlife, Limited License Office, 6060 Broadway, Denver, CO. Applications for antlered deer and elk and pronghorn buck licenses shall be made on the form available from the applicable Colorado Parks And Wildlife regional service center. Hunters may apply from the Monday after the May Commission meeting through the last day of the rifle seasons. Licenses issued under this program shall be issued as free licenses.
4. Antlerless deer and elk and doe pronghorn licenses will be available in all game management units with a total allocation of more than 100 antlerless deer or 100 antlerless elk or 50 doe pronghorn during the rifle seasons described in 250, 257, and 262 of these regulations. For any one game management unit no more than 10 licenses or 2 percent of the total number of limited antlerless deer or elk or doe pronghorn licenses for the game management unit, whichever number is greater, shall be issued as Wounded Warrior hunting licenses for the species in question.
5. Antlered or either-sex licenses for deer or elk and buck pronghorn licenses will be private land only licenses and will be available for hunt codes requiring four or fewer resident preference points to draw in the previous year in all game management units with a total allocation of more than 100 antlered or either-sex deer, 100 antlered or either-sex elk, or 50 buck pronghorn during the rifles seasons described in #250, #257, and #262 of these regulations. For any one game management unit no more than 5 licenses or 2 percent of the total number of limited antlered, either-sex or buck licenses for the game management unit, whichever is greater, shall be issued as Wounded Warrior hunting licenses for the species in question.
6. Antlered or either-sex licenses for deer or elk and buck pronghorn licenses will be approved by the applicable Regional Manager on a case-by-case basis for hunters who qualify under this program in instances where an organization assisting Wounded Warrior hunters has coordinated a hunting opportunity specifically for this program and where all other avenues of obtaining a license have been exhausted.
7. Wounded Warrior hunting licenses will be valid only for the season dates and any units included in the authorized hunt code. Wounded Warrior hunting licenses may not be issued for Ranching for Wildlife properties unless otherwise provided in the ranch contract.

Definition of United States Armed Services Wounded Warrior Program as stated in the Colorado Revised Statutes §33-4-102 (1.9) for the purpose of the Colorado Parks And Wildlife Wounded Warrior Hunting Program:

“United States Armed Services Wounded Warrior Programs” means:

- (I) The Army Wounded Warrior (AW2) Program;
- (II) The Air Force Wounded Warrior (AFW2) Program;
- (III) The Navy Safe Harbor Program;
- (IV) The Coast Guard Wounded Warrior Regiment; And
- (V) Any successor program administered by a branch of the United States Armed Services to provide individualized support for the service members who have been severely injured in overseas contingency operations undertaken since September 11, 2001.