

ADA Accommodation Permit Application



LIVE LIFE OUTSIDE

Colorado Parks and Wildlife (CPW) offers reasonable accommodation permits to customers with disabilities, as defined by the Americans with Disabilities Act (ADA). **Accommodations are granted to individuals who have a significant impairment of a daily major life function, NOT on the ability to take on a specialized activity such as hunting.** Accommodation permits are not licenses; permit holders must still purchase hunting and fishing licenses to participate in those activities. Possession of an accommodation permit does not exempt the permit holder from obeying all other hunting, fishing, and property use laws. Refer to CPW brochures for all rules and regulations.

PLEASE NOTE: medical reports will not be accepted in lieu of this application; your medical provider must fill out this application to qualify. CPW does not honor accommodation permits from other states and/or countries. Eligibility requirements for accommodation permits are defined in CPW Regulations Chapter W-00, Article V.

Requested Accommodation(s): *Please mark which accommodation(s) you are applying for. More information about each permit can be found on page 2.*

- Magnified scope beyond 1x on Crossbow
* Requires a visual disability beyond age-related vision decline
- Scope on Muzzleloader
* Requires a visual disability beyond age-related vision decline
- Crossbow or Draw-Loc during archery season
- Shoot from vehicle/OHV
- Use of assistant to track/dispatch wounded game
- Other: _____

Submit applications and documentation to disability.apps@state.co.us
 OR mail to:
Colorado Parks and Wildlife
Attn: ADA Accommodation Permits
6060 Broadway
Denver, CO 80216

Without proper documentation, we will be unable to process your application. Please be sure to fill out the application legibly and completely. Any missing information will delay processing of your request and may result in your application being returned.

CID	Legal First Name	Legal Middle Name	Legal Last Name		
Physical Address			City		
State	Zip	Phone	Email		
Mailing Address					
Date of Birth	Gender	Weight	Height	Hair Color	Eye Color
Driver's License, ID, or Passport #	State/Country of Identification	Month & Year Started Living in CO		Social Security Number (US Residents)	
		Month _____	Year _____		

I certify that the information provided on this application and any provided documentation is true and accurate. I hereby authorize Colorado Parks and Wildlife to release my information for law enforcement purposes and to emergency medical personnel for medical situations; and to make further inquiries to verify information provided on this affidavit, which may include contacting my physician, physical, occupational, or recreational therapist. I understand that any false statements made will void my license and/or permit and may result in criminal charges.

Signature of Applicant _____ Date _____

Section 1: Applicant's Statement - To be completed by the **APPLICANT**

1. Describe how your disability/impairment affects **major daily life functions** (Examples: seeing, hearing, walking, working, self-care, bathing, dressing, performing household chores, etc.)

2. State how your disability/impairment impacts the **essential functions of hunting or other outdoor recreation activities** (Examples: entering/exiting a vehicle, standing, balancing, walking, safely handling a firearm, properly identifying an animal, dispatching game, tolerating cold weather/high altitude, etc.). For crossbow or draw-loc permits, please specify how your disability affects upper body strength, range of motion, rotation, flexion, grip strength, etc.

Commonly Requested Accommodations (Others may be requested)

- **Crossbow or Draw-Loc during archery season:** Conditions that typically qualify include: inability to reach above head, limited range of motion in arms and/or shoulders, decreased grip strength, decreased finger/hand coordination, inability to push or pull, etc.
- **Shoot from motor vehicle/OHV:** Conditions that typically qualify you to shoot from a vehicle include: use of a prescribed mobility device such as a wheelchair, crutches, braces, etc., documented severe difficulty getting in/out of a vehicle, problems with standing or balancing, and/or a medically valid need for controlled temperature and environment. *CPW does not grant accommodations to shoot from a public road.*
- **Assistant to track and dispatch wounded game:** If you cannot track and retrieve wounded game, this accommodation allows an assistant to do it for you. *CPW does not grant accommodations allowing off road OHV access for the purposes of game retrieval.*
- **Scopes with magnification greater than 1X on crossbow:** Requires documentation of a visual disability in Section 2 as defined by the Americans with Disabilities Act (ADA). Hyperopia, myopia, and presbyopia are *not* considered disabilities under the ADA and will not qualify for an accommodation. Age-related visual impairments will not qualify. **NOTE:** CPW allows the use of non-magnifying scopes and red dot sights that magnify 1X or less with a Crossbow/Draw-Loc permit. This accommodation does NOT allow laser or battery operated/electronically powered devices that are attached to or incorporated into the crossbow which aid in range finding and/or aiming or a sighting device that emits light from a crossbow to the animal. The intent of these seasons is to provide a "primitive" style recreational opportunity for hunters.
- **Scopes on Muzzleloader:** Requires documentation of a visual disability in Section 2 as defined by the Americans with Disabilities Act (ADA). Hyperopia, myopia, and presbyopia are *not* considered disabilities under the ADA and will not qualify for an accommodation. Age-related visual impairments will not qualify. For example, this accommodation may be appropriate if you have a visual disability that does not allow you to focus on the front sight, rear sight, and animal at the same time.

Section 2: Medical Provider Statement

To be completed **ONLY** by a licensed physician or a certified physical, occupation, or recreational therapist. All questions in this section are **REQUIRED**. Medical Provider: please complete all sections below legibly and completely.

The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities, an everyday activity an average person can perform with little or no difficulty (i.e. *caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working*).

Physician's Stamp or Medical Provider's Name, Clinic Name, Full Address, Phone Number

Medical Provider's License Number (if not on stamp)

Patient's Name

Date of Diagnosis

1. Does this disability limit one or more major daily life functions (listed above)? YES NO

2. How are the patient's major daily life functions affected? _____

3. Is the disability permanent? YES NO: Expected duration of the disability? _____

4. Describe to what extent the patient's disability affects the ability to participate in recreation activities. (i.e.: difficulty entering or exiting a vehicle or standing, estimated walking distance, ability to retrieve game, or tolerating cold weather. **FOR CROSSBOW**, explain how the ability to use standard archery equipment is affected; i.e. grip strength, finger/hand coordination, strength and range of motion of arms/shoulders, etc. **FOR SCOPE**: explain how the patient's depth perception is affected; i.e. can they focus on multiple sights and an animal in the field, etc.)

5. Has the patient been prescribed any of the following ambulatory devices? YES NO

	Full-time	Part-time	Explain Part-Time Conditions for Use
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crutches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. Does patient have any of the following: Cerebral palsy, MS, ALS, stroke, Parkinson's disease, spinal cord injury resulting in permanent paralysis to one side of upper extremities, or amputation (please specify: _____)?
 YES NO

I certify that I am fully aware of the patient's medical condition. Furthermore, I certify that the patient whose name appears on this application has the disability as stated which requires an accommodation as provided for by law. I understand that providing false information when completing this application is a violation, and upon conviction therefore, is punishable as a misdemeanor.

Signature of Physician _____ Date _____