

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, which ever 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.

License, Reservation, and Customer Operations -Colorado Parks and Wildlife (303) 291-7235



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Colorado Parks and Wildlife 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 (| ;ID): | | | |
|--|---|--|---|--|
| Hunt Code Choice(s): | | | | |
| | Deer | | | |
| | Elk | 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. | | |
| | Pronghorn | If approved, you will be mailed a list of eligible hunt codes when the list is available | | |
| א <u> </u> | Spring Turkey | | | |
| | | | | |
| NAME (first name, middle initial, last nar | ne) | DATE OF BIRTH | AREA CODE & PHONE NUMBER | |
| MAILING ADDRESS (mailing address, city, state, zip) | | | | |
| HEIGHT WEIGHT HAIR COLO | R EYE COLOR | SEX | RESIDENT OF COLORADO SINCE (month & year) | |
| | ER EDUCATION NUME ired if born on or after Jan | BER & STATE OF ISSUE | SOCIAL SECURITY NUMBER (Required if not on file) | |
| ARE ANY OF THE FOLLOWING AMBULA | Fory Device(s) Cu | RRENTLY PRESCRIBED |) TO YOU? | |
| Wheelchair, Canes, Walker, Crutches, Prosthetic Leg(s), or other ambulatory device (if other device is prescribed, please list:) Ves, full-time use Yes, part-time use No ambulatory devices are currently prescribed to me. | | | | |
| Other: | | | | |
| "I certify that the information provided c | n this request form is | s true and accurate. I h | ereby authorize Colorado Parks And | |

"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

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 PERM | ANENT? Yes DATE OF DIAGNOSIS: |
| ARE ANY OF THE FOLLOWING AMBU | LATORY DEVICE(S) CURRENTLY PRESCRIBED TO THE PATIENT? |
| | PATIENT REQUIRED TO USE THE DEVICE? |
| Full-Time Part-Tim | e 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