



APPLICATION FOR CROSSBOW/DRAW-LOCK PERMIT

SEND TO:
DEPARTMENT OF GAME, FISH & PARKS
20641 SD HWY 1806
Ft. PIERRE, SOUTH DAKOTA 57532
PHONE: 605-223-7665
FAX: 605-223-7686 or 605-223-7717

PLEASE PRINT OR TYPE ALL RESPONSES

A Crossbow/Draw-lock Permit is available to any person who is incapable of using a conventional bow with a minimum draw weight of 30 pounds, due to the loss of use of one or both arms, caused by birth defect, injury, disease, or who uses a wheelchair for mobility.

New and temporary crossbow/draw-lock permit applicants must have Part C of the application form completed and signed by a licensed physician or licensed chiropractor, verifying the applicant's medical condition or disability. The physician's certification (in Part C) is not required for renewal applications issued after 2015.

PART A: Name of person with qualifying disability

Applicant's Name (First, MI, Last) _____
Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Driver's License or ID Card # and State Issued _____
Phone Number _____

LIMITATIONS AND CONDITIONS OF PERMIT: A Crossbow/Draw-lock Permit is available to any person who is incapable of using a conventional bow with a minimum draw weight of 30 pounds, due to the loss of use of one or both arms, caused by birth defect, injury, disease, or who uses a wheelchair for mobility.

- Crossbows used shall have a minimum pull of 125 pounds and be equipped with a functional mechanical safety device.
- A person that is issued a crossbow/draw-lock permit is entitled to use draw-lock device that holds a bow at a partial or full draw.
- The bolts shall be equipped with a broadhead that has at least two metal cutting edges

The crossbow/draw-lock permit must be in possession of the permittee to be valid and does not excuse the permittee from complying with all other laws and regulations. A crossbow/draw-lock permit is not a license. The permittee must still obtain the required hunting license(s) for the desired species to be hunted.

PART B: Type of permit applying for: (Check the Applicable Box)

- New Crossbow/Draw-lock Permit**
- Renewal Crossbow/Draw-lock Permit** - Previous Permit Number _____
- Temporary Crossbow/Draw-lock Permit**

New and temporary crossbow/draw-lock applications require a statement signed by a physician's or chiropractor (Part C). The statement must describe the nature of the injury or disability in laymen terms and expected recovery date (if applicable).

Temporary permits may be issued for a maximum of 1 year. Expiration of a temporary crossbow permit is contingent on physician expected date of recovery. Temporary permits may be renewed but will require Part C of the application form to be completed and signed by a licensed physician or licensed chiropractor, verifying the applicant's medical condition or disability.

Permits are renewable 60 days prior to expiration. Renewal permits that were issued prior to 2015 also need a statement signed by a physician's or chiropractor (Part C).

APPLICATION INSTRUCTIONS: I hereby request issuance of a crossbow/draw-lock permit be issued in the name of the applicant. I certify that the above information is accurate and by signing this application, I certify that I have read and understand the limitations and conditions pertaining to this crossbow/draw-lock permit application. I further understand that submitting a false or fraudulent application subjects me to criminal prosecution. I also grant permission to my physician to supply the requested information on this application.

APPLICANT: _____ DATE ____ / ____ / ____

PART C: To be completed by applicant's Physician or Chiropractor

The applicant is a person who (check the applicable box):

- Has a loss of an upper limb.
- Uses a wheelchair for mobility.
- Has a loss of arm function or range of motion in one or both arms, one or both hands, or one or both shoulders caused by birth defect, injury, or disease and is incapable of using a conventional bow with a minimum draw weight of 30 pounds.

Applicant's disability is permanent. (permit must be renewed every four years but does not require physician certification upon renewal.)

Applicant's disability is temporary - Expected date of Recovery ____ / ____ / ____

Physician or Chiropractor: Use the space below to describe, in laymen terms, the disability or injury that restricts the applicant from using a conventional bow with a minimum draw weight of 30 pounds. **A DISABILITY IN AND OF ITSELF, IS NOT A VALID CRITERION FOR CERTIFICATION.**

*** THE DISABILITY / INJURY DESCRIPTION BELOW MUST BE COMPLETED IN ORDER TO OBTAIN A PERMIT**

Physician's Statement: Under punishment of perjury, in my opinion the applicant meets one of the above conditions listed under ARSD 41:09:12:01 and entitles the applicant to receive a crossbow/draw-lock permit as provided under SDCL 41-8-31.

Physician's Signature _____ (Print) _____

_____ Address (Street, or Box Number) _____ City _____ State _____ Zip _____

(____) _____ - _____
Area Code and Phone Number

____ / ____ / ____
Date

(____) _____ - _____
Fax Number

FOR DEPT. OF GAME, FISH & PARKS USE ONLY

Permit Number _____

Dates for which permit is authorized: From ____ / ____ , 20 ____ to ____ / ____ , 20 ____

____ / ____ / ____

Permit Coordinator Signature

Date