



# APPLICATION FOR A SHOOT FROM A VEHICLE DISABLED HUNTER PERMIT

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

PLEASE PRINT OR TYPE ALL RESPONSES

APPLICANTS with a temporary/permanent ambulatory condition or injury, shall complete this application and must have PART C of the application form completed and signed by a licensed physician, verifying the applicant's medical condition or disability.

- Applicants for a four-year permit must send their completed application to one of the GF&P Office listing on the lower back page. SD applicants requesting a temporary permit can contact their local Conservation Officer for consideration.

## PART A: Type Of Permit Applying For: (Check The Applicable Box)

NEW FOUR-YEAR PERMIT

PERMIT RENEWAL (FOUR-YEARS)

NOTE: This permit is renewable 60 days prior to expiration date.

Physician's certification not required for renewals.

FOR RENEWALS: ORIGINAL PERMIT NUMBER: \_\_\_\_\_

PREVIOUS EXPIRATION DATE: \_\_\_ / \_\_\_ / \_\_\_

TEMPORARY PERMIT (Nonresidents: See Page 2 – PART C)

NOTE: Temporary permits can be issued for no more than 12 months for ambulatory injuries that are temporary. For conditions which a SD Conservation Officer can visually confirm the injury in the presence of the applicant, a copy of this application page, approved and signed by a SD Conservation Officer will serve as the temporary permit for the applicant.

Dates for which the TEMPORARY permit is authorized:

From \_\_\_ / \_\_\_ , 20\_\_\_ to \_\_\_ / \_\_\_ , 20\_\_\_

SD Conservation Officer Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Approval Date

## PART B: NAME OF PERSON WITH QUALIFYING DISABILITY

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address (Street, Rural Route, or Box Number)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code and Phone Number

**LIMITATIONS AND CONDITIONS OF PERMIT:** The Disabled Hunter Permit allows an individual to shoot from a stationary motor vehicle with the following exceptions or provisions:

- shooting from a federal or state highway or across any public road is prohibited;
- when hunting big game from public road rights-of-way, the permittee must obtain prior written permission from the owner or lessee of the immediate adjoining private lands;
- shooting from a snowmobile or the use a motor vehicle to chase or pursue any game animal is not allowed;
- the use of any motor vehicle is prohibited on lands owned, leased, or controlled by the Department, except on designated roads, trails, or parking areas.

**The disabled hunter 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. The permittee must still obtain the required hunting license(s) for the desired species to be hunted.**

**APPLICATION INSTRUCTIONS:** I hereby request that a disabled hunter 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 responsibilities pertaining to this disabled hunter permit application. I further understand that it is a Class 1 Misdemeanor to submit a false or fraudulent application. I also grant permission to my physician to supply the requested information on this application.

**CHECK ONE** SIGNATURE IS BY:

APPLICANT: \_\_\_\_\_ DATE \_\_\_ / \_\_\_ / \_\_\_  
(Signature)

APPLICANT'S REPRESENTATIVE (PRINT): \_\_\_\_\_  
(Name) (Relationship)

SIGNATURE OF REPRESENTATIVE: \_\_\_\_\_ DATE \_\_\_ / \_\_\_ / \_\_\_

**PART C – TO BE COMPLETED BY THE APPLICANT’S PHYSICIAN**

THE APPLICANT IS A PERSON WHO (CHECK ONE OR MORE BOXES AS APPLICABLE):

- (1) has lost one or both legs or who has temporarily or permanently lost the use of one or both legs;
- (2) requires a wheelchair for mobility;
- (3) is physically unable to walk without the assistance of another person, prosthetic aid, brace, crutch, or other device that is intended to support or assist the person while walking;
- (4) is on portable oxygen;
- (5) is unable to walk a distance of more than three hundred feet without assistance or rest due to an arthritic, neurological, or orthopedic condition;
- (6) has been diagnosed with a neuromuscular disorder. This includes, but is not limited to, neuromuscular disorders such as muscular dystrophy and multiple sclerosis. Neuromuscular disorder refers to a group of disorders affecting the muscles or the nerves controlling the muscles. Whether the problem originates within the motor nerve cell, the nerve, or the muscle, the most commonly experienced symptoms are varying degrees of mobility due to muscle weakness. The symptoms of these disorders are most often progressive in nature;
- (7) has been diagnosed with a Class III cardiac disease resulting in marked limitation of physical activity. Although persons with a Class III cardiac disease are comfortable at rest, less than ordinary physical activity causes fatigue, palpitation, dyspnea, or anginal pain;
- (8) has been diagnosed with a Class IV cardiac disease resulting in the inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases;
- (9) is restricted by lung disease to such a degree that the person’s forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest.

**A DISABILITY IN AND OF ITSELF, IS NOT A VALID CRITERION FOR CERTIFICATION.**

**PLEASE CHECK APPLICABLE CONDITION OF APPLICANT:**

- Applicant’s disability is permanent.** (The permit must be renewed every four years, but does not require physician certification upon renewal.)
- Applicant’s disability is temporary.** (Permit can be issued for a maximum length of time not to exceed 12 months.)

IF TEMPORARY:      DATE OF ONSET \_\_\_\_ / \_\_\_\_ / \_\_\_\_      EXPECTED DATE OF RECOVERY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Describe the nature of the temporary injury or disability: \_\_\_\_\_

**Physician Note:** The disabled hunter permit is only intended for use in situations where an applicant’s physical or medical condition makes it impossible, or causes severe pain or physical hardship on the applicant to walk afield while hunting.

**Physician’s Statement:** Under punishment of perjury, in my opinion the applicant meets one or more of the nine conditions listed under ARSD 41:09:12:03 (**PART C**) and entitles the applicant to receive a permanent or temporary disabled hunter permit as provided under SDCL 41-8-37.

PHYSICIAN’S SIGNATURE \_\_\_\_\_ (PRINT) \_\_\_\_\_

\_\_\_\_\_  
Address (Street, Rural Route, or Box Number)      City      State      Zip  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Area code and Phone Number      Date

**FOR DEPT. OF GAME, FISH & PARKS USE ONLY**

PERMIT NUMBER \_\_\_\_\_ Dates for which permit is authorized: From \_\_\_\_ / \_\_\_\_ , 20\_\_ to \_\_\_\_ / \_\_\_\_ , 20\_\_

\_\_\_\_\_  
Regional Law Staff Signature      Date      or      Pierre Staff Signature      Date

South Dakota applicants should send the completed application to their closest Game, Fish & Parks office address from the following listing:

Game, Fish & Parks



- 4130 Adventure Trail. Rapid City, SD 57702
- 1550 E. King Ave. Chamberlain, SD 57325
- 20641 SD Hwy 1806 Ft. Pierre, SD 57532
- 4500 S. Oxbow Ave. Sioux Falls, SD 57106
- 400 W. Kemp, Watertown, SD 57201
- 909 Lake Front Drive, Mobridge, SD 57601