



APPLICATION FOR A SHOOT FROM A MOTOR VEHICLE 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

Permits will be sent via email to all approved applicants

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. SD applicants requesting a temporary permit can submit a completed application or contact their local Conservation Officer for consideration. Physician's certification are not required for 4 yr. permit renewals. Applicants can submit applications online through the Go Outdoors SD licensing website, under specialty licenses. Applications can also be processed at any of the GFP regional offices.

PART A: Type of permit applying for - Permits are renewable 60 days prior to expiration: (Check the Applicable Box)

- New Four – Year Permit**
- Permit Renewal (Four – Years) -** Previous Permit Number _____ Previous Expiration Date _____
- Temporary shoot from a vehicle permit -** (Nonresidents: See Page 2 – PART C)

NOTE: Conservation Officer use only: 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

Applicant's Name (First, MI, Last) _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number _____ Driver's License or ID Card # and State Issued _____

Last 4 Numbers of Social Security Number XXX-XX _____ Email _____

LIMITATIONS AND CONDITIONS OF PERMIT: The Shoot from the Vehicle 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 Shoot from the Vehicle 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 Shoot from the Vehicle 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 Shoot from the Vehicle 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.

APPLICANT: _____ 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 tharterial 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 Shoot from the Vehicle 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

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

_____/_____/_____ or _____/_____/_____
Regional Law Staff Signature Date Pierre Staff Signature Date