



# APPLICATION FOR TERMINALLY ILL HUNTER

DEPARTMENT OF GAME, FISH & PARKS  
523 EAST CAPITOL  
PIERRE, SOUTH DAKOTA 57501-3182  
PHONE: 605-773-3387  
FAX: 605-773-6245

## ELIGIBILITY AND CONDITIONS OF AUTHORIZATION

### Who is eligible?

1. A resident who has been diagnosed by a licensed doctor of medicine to have a terminal illness that to a reasonable medical certainty is expected to substantially shorten the resident's life expectancy.
2. A resident under the age of twenty-six who has been diagnosed by a licensed doctor of medicine to have cancer or other life-threatening illness.

### Conditions:

Authorized residents are allowed to take no more than one deer, one antelope, and one turkey under this authorization. The Department Secretary may waive certain restrictions or impose additional terms and conditions as necessary to facilitate participation by the resident.

If your application is approved, be aware of the following:

- All accumulated preference points acquired for the authorization type requested will be forfeited.
- Authorization is only valid during normal season dates and times.
- Authorization is issued on a once-in-a lifetime basis.

## PLEASE PRINT OR TYPE ALL RESPONSES

<b>Name:</b>		
<b>Street Address:</b>		<b>DOB:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>		<b>Phone:</b>
<b>Type of Authorization Requested:</b> <input type="checkbox"/> Deer <input type="checkbox"/> Turkey <input type="checkbox"/> Antelope (check all that apply)		
<b>Hunting Unit(s) Requested:</b>		

<b>QUALIFICATIONS:</b>	
Are you under 26 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cancer or other life threatening illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been diagnosed with a terminal illness that will substantially shorten your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PLEASE DESCRIBE YOUR DIAGNOSIS:</b>	

**APPLICATION INSTRUCTIONS:** I hereby request that terminally ill authorization 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 authorization. I further understand that it is a Class 1 Misdemeanor to submit a false or fraudulent application.

**CHECK ONE** SIGNATURE IS BY:

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

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

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

<b>APPROVAL:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	APPROVED BY:
SIGNATURE:	