



**APPLICATION FOR A PERMIT TO SHOOT OR HUNT
FROM A STATIONARY VEHICLE**

New Jersey Division of Fish and Wildlife
 Mail Code 501-03
 PO Box 420
 Trenton, NJ 08625-0420

Leave Blank - DFW Use Only
Permit Number:
Approved By:
Date Approved:
Date Issued:

The Division will not consider your application unless you complete and submit this application form.

Application must be filled out completely. Incomplete applications will be returned.

SECTION I—TO BE COMPLETED BY APPLICANT. (Please type or print legibly)

Applicant's Name				Driver's License Number	
Street or Route				Telephone Number (include area code)	
City, State, Zip Code					
Date of Birth (Mo.–Day–Year)	Color Eyes	Color Hair	Weight	Height	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

I certify that I have read and understand the laws and regulations as they apply to this permit. The statements I make are true, correct and complete, and I realize that applying with false information could result in prosecution.

Applicant's Signature	Date Signed
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SECTION II—TO BE COMPLETED BY A LICENSED PHYSICIAN OR CHIROPRACTOR.

NOTE: Applicant must be disabled to the extent described on the back of this form to be eligible for a permit to shoot or hunt from a stationary vehicle. Please check the box that best answers each question.

A. MOBILITY (Licensed Physician or Chiropractor)

- Does applicant have a permanent or irreversible physical disability? (see reverse side) Yes No
- Which of the following does applicant require for mobility?
 - Wheel chair
 - Walker
 - One leg brace or external prosthesis above the knee
 - Two leg braces or external prostheses below the knees.....
 - Two crutches or two canes.....
- Is applicant able to ambulate without any of the above (2a-2e)? Yes No
- Will the applicant's need for any of the above (2a-2e) be permanent?..... Yes No

B. LUNG DISEASE (Licensed Physician) Does applicant suffer from lung disease to the extent that: (1) forced expiratory volume for one second when measured by spirometry is less than one liter, or (2) the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest? Yes No

C. CARDIOVASCULAR DISEASE (Licensed Physician) Does applicant suffer from cardiovascular disease to the extent that functional limitations are classified in severity as Class 3 or 4 according to standards accepted by the American Heart Assoc.? Yes No

Completed By (Doctor's Signature)	Medical License Number	Date Signed
Address	Telephone Number (include area code)	
City, State, Zip Code		

- A. Issuance of a permit: After proper application, the Division may, after due investigation and without charging a fee, issue a permit to any person, as provided in this section.
1. An applicant shall submit on a form prepared and furnished by the Division, as part of the application, a written statement or report prepared and signed by a licensed physician or licensed chiropractor, prepared no more than six (6) months prior to the application and verifying that the applicant is physically disabled.
 2. As part of the application for a permit, the applicant shall authorize the Division by written release to examine all medical records regarding the applicant's physical disability.
- B. Eligibility: The Division shall issue a permit to an applicant who is handicapped in any of the following ways:
1. Has a permanent or irreversible physical disability, is unable to ambulate and requires a wheel chair, walker, one leg brace or external prosthesis above the knee, 2 leg braces or external prostheses below the knees, 2 crutches or 2 canes for mobility.
 2. Suffers significantly from lung disease, to the extent that forced expiratory volume for one second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.
 3. Suffers significantly from cardiovascular disease, to the extent that functional limitations are classified in severity as either class 3 or 4 according to standards accepted by the American Heart Association on the effective date of this subsection, and where ordinary physical activity causes discomfort, fatigue, palpitation, dyspnea or anginal pain.
- C. The Division may issue a permit to an applicant who is denied a permit upon further review and after considering the physical condition of the applicant and recommendation of a licensed physician selected by the applicant from a list of licensed physicians compiled by the Division. The issuance of the permit must comply with NJAC 7:25-5.23(m) and NJAC 7:25-5.23(q). The use of this review process is discretionary with the Division and the applicant shall pay all costs of the review.
- D. Any applicant who is denied a permit by the Division may request within 60 calendar days from the issuance of the denial, an appeal in accordance with the Administrative Procedures Act, NJSA 52:14B1 et seq. and the uniform administrative procedure rule, NJAC 1:1. All such disputes will be referred to the Office of Administrative Law for a hearing.
- E. The term "vehicle" as used in the text of this permit application is defined as a motor vehicle that is licensed, registered and insured to be legally operated in the State of New Jersey.
- A. (1.) Mobility (Licensed Physician or Chiropractor)

Licensed Physician or Chiropractor - Briefly describe applicant's permanent or irreversible physical disability which causes limited ambulatory ability in laymen terms. Print Clearly. Additional pages may be added.