

Send completed application to:

**West Virginia Division of Natural Resources
License Unit
324 Fourth Avenue
South Charleston WV 25303-1228**

For Official Use Only	
Issued By: _____	Date: _____
Class Y Permit No.: _____	

APPLICATION FOR A CLASS Y CROSSBOW PERMIT

(APPLICATION MUST BE SUBMITTED WITHIN SIX (6) MONTHS OF DOCTOR'S CERTIFICATION)

For the purpose of securing authorization to hunt with a crossbow, I attest that I have a permanent and substantial physical impairment which renders me so disabled as to be unable to use a conventional bow and arrow device.

Further, I authorize my physician to furnish medical records regarding my disability, as may be required by the Division in order to determine my qualification for this permit. I release my physician from any liability or any damages whatsoever in furnishing my medical records. A photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

***NOTICE: If you do not complete the application in full, you will not be considered for a crossbow permit.**

The following is my true description:

Name (Printed): _____ Date of Birth: _____ Social Security Number _____

Street (or mailing) Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

Signature: _____ Date: _____

<p><u>Class Q Permit Holders</u></p> <p>Do you hold a Class Q Permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Current Class Q Permit Number: _____</p> <p>If yes, disregard the remainder of this application and submit it to the address listed at the top of this form.</p>

The Class Y Permit is your authorization to hunt with a crossbow and only applies to the taking of game species during established archery seasons. You are required to carry the Class Y Permit with you while exercising this privilege and must present it to any law enforcement officer upon request.

The Class Y Crossbow Permit must be accompanied by a valid hunting and/or fishing license and any stamps necessary to participate in the designated season.

THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN:

1. After administering the pinch, grip and nine-hole peg tests on _____, 20____, it is my opinion that: *[Check One]*

- the applicant has a **PERMANENT AND SUBSTANTIAL** loss of function in one or both hands;
- the applicant has a **SUBSTANTIAL** loss of function in one or both hands, but such loss of function is **NOT PERMANENT**;
- the applicant **DOES NOT** have a permanent or substantial loss of function in one or both hands.

2. After administering the standard shoulder strength test on _____, 20____, it is my opinion that: *[Check One]*

- the applicant has a **PERMANENT AND SUBSTANTIAL** loss of function in one or both shoulders;
- the applicant has a **SUBSTANTIAL** loss of function in one or both shoulders, but such loss of function is **NOT PERMANENT**;
- the applicant **DOES NOT** have a permanent or substantial loss of function in one or both shoulders.

Physician's Name (printed): _____

Street (or mailing) Address: _____

City: _____ County: _____ State: _____ Zip: _____

License Number: _____ Office Phone: _____

State of License: _____

Pursuant to results obtained from administration of the pinch, grip and nine-hole peg tests and/or the standard shoulder strength test, **I do hereby swear and affirm, under penalty of law, that I have personally examined the above named individual, and that the information herein is true and accurate to the best of my knowledge.**

Physician's Signature: _____ Date: _____



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