

## Application for Class **Q** Special Hunting/Fishing Permit For Persons Disabled in Lower Extremities

For the purpose of securing auth orization to possess a Class Q Penn it , I a ttest that I am permanently and totally disabled due to paraly sis or disease in the lower half of the body, which makes it impossible to ambulate successfully more than two hundred feet without assistance.

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 perm it. I release my physician from any liability or a ny damages whatsoever in furnishing my medical records. A photocopy of this release will be valid as an or iginal thereof, even though said photocopy does not contain an original writing of my signature.

\*NOTICE: If you do not submit the application in full, you will not be considered for a Class Q Permit.

The following is my true description:

| Name (Printed): |         |                        |             |                 |
|-----------------|---------|------------------------|-------------|-----------------|
| Date of Birth:  |         | Social Secur           | ity Number: |                 |
| Height:         | Weight: | Driver's License:      |             | Expiration Date |
| Address         | •       |                        |             |                 |
|                 |         | (Street, PO Box, or Ro | oute)       |                 |
| (0              | City)   | (State)                | (Zip)       | (County)        |
| Daytime Phone:_ |         |                        |             |                 |
| Signature:      |         |                        | Date:       |                 |

A Class Q permit entitles the holder to hunt from a motor vehicle and to possess a loaded firearm in a motor vehicle, but only under the following circumstances:

- (a) The motor vehicle is stationary;
- (b) The engine of the motor vehicle is not operating;
- (c) The permittee and one ind ividual, who is at least sixteen years of age, to assist the permittee are the only occupants of the vehicle;
- (d) The individual assisting the permittee may not hunt with a firearm, bow or crossbow while assisting the permittee;
- (e) The vehicle is not parked on the right-of-way of any public road or highway; and
- (f) The permittee observes all other pertinent laws and regulations.

\*\*\*The Class Q Permit does not exempt the individual from obtaining the required Hunting, Fishing, or Trapping Licenses.\*\*\*

## WEST VIRGINIA DIVISION OF NATURAL RESOURCES DISABILITY MEDICAL EVALUATION

The following must be completed by a Licensed Physician.

PLEASE PRINT OR STAMP CLEARLY

| PHYSICIAN'S NAME:       |        |                   |
|-------------------------|--------|-------------------|
| ADDRESS                 |        | 5.00-100 A 100 A. |
| CITY                    | _STATE | ZIP CODE          |
| PHONE NUMBER: AREA CODE | NUMBER |                   |

| Ι. | I understand that as stated in Legislative Rule 58CSR46 paragraph 2.10, as <i>it</i> relates to hunting, |
|----|--|
|    | fishing and trapping, "An Individual Permanently Disabled in the Lower Extremities", means an            |
|    | individual who is permanently and totally disabled due to paralysis or disease in the lower halfof the   |
|    | body, which makes <i>it</i> impossible to ambulate successfully more than two hundred feet without       |
|    | assi stance.   |

Does this patient meet the requirements as stated in the above Rule?

Yes: N No: 11

2. If yes, what type of assistance is used? (Check all that apply)

| Wheelchair: 0 | Canes: =:J | Walker: =:J | Crutches: =:J |
|---------------|------------|-------------|---------------|
| Prosthesis:   | Other:     |             |               |

3. How severe or substantial is this functional limitation?

Other: \_\_\_\_\_

4. In your opinion, does the impairment prevent the person from carrying out essential functions associated with hunting, fishing, or trapping?

Yes No: 0

If yes, please explain:

5. *If applicable:* Does the patient's impairment prevent him/her from handling a firearm or bow and arrow without the aid of adaptive equipment? (i.e. involuntary muscle spasms, loss of strength in arms, range of motion, etc.)

Yes: LJ No: LJ

| If yes, please explain: |  |
|-------------------------|--|
|-------------------------|--|

I certify that the patient whose name appears on this application is currently under my care and has the impairment stated.

| Physician Signature            | Date   |
|--------------------------------|--|
| Physician License #            |  |
| Signature of Applicant         | PrintName  |
| Send completed application to: | WV Division of Natural Resources<br>License Section Bldg, 74 |
|                                | 324 Fourth Ave<br>South Charleston, WV 25303                 |