



REQUEST FOR SPECIAL FISHING/HUNTING CROSSBOW PERMIT

North Dakota Game and Fish Department
Licensing Section SFN 6076 (08/2019)

MAIL APPLICATION TO:
NDGFD
ATTN: Crossbow Permit
100 N. Bismarck Expressway
Bismarck, North Dakota 58501-5095
Phone: (701) 328-6335

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED

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Applicant's Full Name:				
Address:		City:	State:	Zip Code:
Driver's License # or Nondriver Photo ID # (Required) and State:		Eye Color:	Hair Color:	Height:
Date of Birth:		*Social Security Number:	Telephone Number:	
<p><i>I, (signed below) request a permit to use a crossbow in the legal taking of either wildlife or nongame fish in North Dakota, in lieu of a compound, long, or recurve bow, with a minimum draw weight of 35 pounds. I hereby certify that I have not been convicted of any game or fish violations within the past year or under suspension. I also understand I must possess the appropriate valid fishing and/or hunting license in addition to the special crossbow permit.</i></p>				
Applicant Signature:			Date:	

STATEMENT OF CONFIRMATION

This section can only be completed by: Licensed Physician, Certified Nurse Practitioner, Certified Physician Assistant, or Licensed Chiropractor.

I, the undersigned, verify that the above special permit applicant, is incapable of using a compound, long or recurve bow with a minimum draw weight of 35 pounds, due to the loss of the use of one or both arms caused by birth defect, injury, or disease, as indicated below (at least one box must be marked with "x"):

- Being blind** – An individual who is blind means an individual who is totally blind, whose central visual acuity does not exceed twenty/two hundred in the better eye with corrective lenses, or in whom the widest diameter of the visual field is no greater than twenty degrees. The above applicant must attach a description of land or preserve where they would use this permit.
- Being a paraplegic.**
- Having lost the use of one or both arms** – Describe the disability or injury, and why this person is incapable of using a compound, long or recurve bow with a minimum draw weight of 35 pounds because of this disability or injury. **See Permit Conditions on Page 2.** (Physical condition relating completely to the comfort level, strength or age of the applicant are not acceptable criteria for issuance of this permit.)

Describe the applicant's disability or injury in detailed legible laymen terms: _____

DISABILITY TYPE

I, the undersigned, verify that the above condition is:

- Permanent** – there is no reasonable expectation of recovery. (Associated permit must be renewed every 5 years, requiring physician certification on a new application form.)
- Temporary** – (Associated permit expires March 31st following the date of issue.)

Print Name:		Title:	Name of Clinic:
Signature:		Address:	
Date:	Phone:		

For Department use only:

- New: _____ Approved By: _____ Date: _____ Temporary
- Renewal: _____ Issued By: _____ Date: _____ Permanent



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Permit Conditions

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1. The Department issues the following types of permits for this application:
 - a.) **Temporary Disability Permit:** is a permit pertaining to those medical conditions where there is a reasonable expectation of recovery in the near future (1 year.) The permit expires March 31 following the date of issue. The physical conditions must be serious to render the person unable to hunt by archery as defined in 2(a) below.
 - b.) **Permanent Disability Permit:** is a permit to those medical conditions for which there is no reasonable expectation of recovery. The permit must be renewed every 5 years, requiring physician certification on a new application form. The physical conditions must be serious to render the person unable to hunt by archery as defined in 2(a) below.
2. **Physical Conditions relating completely to the comfort level, strength, or age of the applicant are not acceptable criteria for issuance of this permit.** The physical condition must be serious to render the person unable to hunt by archery as defined in 2(a) below.
 - a.) Many physicians and chiropractors have found that the following conditions render individuals incapable of using a compound, long or recurve bow with a minimum draw weight of 35 pounds: ***amputation of arm or hand, chronic dislocating shoulder, paralysis, severe chronic rotator cuff injury, severe upper extremity arthritis, or other serious medical condition which makes use of a compound, long, or recurve bow with a minimum draw weight of 35 pounds to be impossible.***
3. If the person applying for this special permit is applying on the premise of being blind, they must furnish the description of the property(s) on which they will be using the permit.
4. This application for a special permit will be considered by the Director only when fully completed, signed by the applicant, and signed by a licensed physician, certified nurse practitioner, certified physician assistant, or licensed chiropractor.
 - a.) **Penalty note for Signatures:** An individual certifying to or providing false information to the Director, for the purposes of obtaining this permit, is guilty of a misdemeanor.
 - b.) ***Social Security Number Requirement:** In accordance to state law NDCC 20.1-03-35 and US Code 666 (a) (13) and (16), North Dakota Game and Fish Department is required to collect social security numbers from all persons obtaining any license or permit.
5. Permit holders are responsible for renewing their applications in a timely matter. Typical processing time is 7-10 days depending on the season/time of year.
6. **This permit may be revoked, amended, suspended, or modified at any time for cause, including but not limited to change in permit laws or rules, a change in disability or injury eligibility, or violation and conviction of North Dakota Game and Fish laws.**