



REQUEST PERMISSION TO SHOOT FROM A STATIONARY MOTOR VEHICLE

North Dakota Game and Fish Department
Licensing Section SFN 6096 (08/2019)

MAIL APPLICATION TO:
NDGF
ATTN: SFV Permit
100 N. Bismarck Expressway
Bismarck, North Dakota 58501-5095
Phone: 701-328-6335

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED

Page 1 of 2

| | | | | | |
|---|--|--------------------------|------------|-------------------|-----------------|
| Applicant's Full Name: | | | | | |
| Address: | | | City: | State: | Zip Code: |
| Driver's License # or Nondriver Photo ID # and State (Required): | | | Eye Color: | Hair Color: | Height: Weight: |
| Date of Birth: | | *Social Security Number: | | Telephone Number: | |
| <p><i>I, (signed below) request a permit to shoot wildlife, from a stationary motor vehicle in accordance with provisions of NDCC Section 20.1-02-05(10), by being physically unable to walk for purposes of hunting or taking wildlife or having lost the use of an arm at or below the elbow. I hereby certify that I have not been convicted of any game or fish violation within the past year or under suspension.</i></p> | | | | | |
| Applicant Signature: | | | | Date: | |

STATEMENT OF CONFIRMATION

This section can only be completed by: A Licensed Physician, Certified Physician Assistant, Advanced Practice Registered Nurse or Licensed Chiropractor.

I, the undersigned, verify that the above applicant is physically unable to walk for purposes of hunting or taking wildlife or has lost the use of an arm at or below the elbow. **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 this permit.)

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

DISABILITY TYPE

I, the undersigned, verify that the above disability 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:

Renewal: _____ Approved By: _____ Date: _____ Temporary

New _____ Issued By: _____ Date: _____ Permanent



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PERMIT CONDITIONS

Page 2 of 2

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 enough to render the person unable to walk for the purposes of hunting or talking wildlife or has lost the use of an arm at or below the elbow 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 enough to render the person unable to walk for the purposes of hunting or talking wildlife or has lost the use of an arm at or below the elbow 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.**
 - a.) Many licensed physicians and chiropractors have listed, but not limited to the following disability's to be serious enough to render the person unable to walk for the purposes of hunting or talking wildlife or has lost the use of an arm at or below the elbow: ***applicant requires portable oxygen, having lost one or lose of use of one or both legs, is restricted by cardiac, pulmonary, orthopedic or vascular disease, or neurologic disorder***
3. 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 Physician Assistant, Advanced Practice Registered Nurse, 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.
4. 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.
5. **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.**