

STATE OF COLORADO

Bill Ritter, Jr., Governor
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WILDLIFE

AN EQUAL OPPORTUNITY EMPLOYER

Thomas E. Remington, Director
6060 Broadway
Denver, Colorado 80216
Telephone: (303) 297-1192
wildlife.state.co.us



*For Wildlife-
For People*

Dear License Applicant:

Thank you for requesting a Colorado Division of Wildlife (CDOW) 'Application for Mobility-Impaired Big Game Hunting'.

Enclosed you will find an application form. The front of the application is to be completed by you, the applicant. Your physician or physical, occupational, or recreational therapist must complete the back of the application.

To qualify for this program, the applicant must have a mobility impairment resulting from **permanent** medical conditions which makes it **physically impossible for them to hunt without the assistance of an attendant**. Please see the regulations printed on the reverse of this letter for further information.

The enclosed application, if approved, will assist the applicant in acquiring a hunting license for antlerless elk, antlerless deer, doe pronghorn, and / or spring turkey. Qualification for this program is a lifetime qualification and if you are approved, you will no longer need to get a physician's statement. Again, if you are approved for this program, you will be assigned an approval code number. Using this approval code number on future mobility-impaired applications will indicate to the CDOW that you are not required to have the physician's statement completed.

Please be aware if you have qualified for an accommodation permit (shooting from a vehicle, etc.) that qualification is separate from the mobility-impaired. Therefore, you still must complete the enclosed form to qualify for the mobility-impaired license.

Thank you for your continued support of the Colorado Division of Wildlife. I wish you the best of luck in all of your future hunting, fishing, and outdoor activities. If you have any further questions, please feel free to contact me at the phone number below.

Sincerely,

Erik Slater
Limited Licenses
Colorado Division of Wildlife
(303) 291-7380

Enclosures: Application for Mobility-Impaired Big Game License

DEPARTMENT OF NATURAL RESOURCES, Mike King, Executive Director
WILDLIFE COMMISSION, Tim Glenn, Chair • Robert Streeter, Vice Chair • Mark Smith, Secretary
Members, David R. Brougham • Dennis Buechler • Dorothea Farris • Allan Jones • John Singletary • Dean Wingfield
Ex Officio Members, Mike King and John Stulp

Regulations for the Mobility-Impaired Licenses

"#206 B.4.d. & #321 3.b.4– "Mobility-Impaired Hunting Licenses" – The Director may make certain antlerless deer, antlerless elk, antlerless pronghorn, and spring turkey licenses available to qualified mobility-impaired hunters.

1. Applicants for mobility-impaired hunting licenses must have a mobility impairment resulting from **permanent** medical conditions which makes it **physically impossible for them to hunt without the assistance of an attendant**. Evidence of an impossibility to participate in the hunt without the assistance of an attendant may include, but is not limited to, prescribed use of a wheel chair; shoulder or arm crutches; walker; two canes; or other prescribed medical devices or equipment.
2. Applications for mobility-impaired licenses shall be made on the form available from, and submitted with the applicable license fee to, the Division of Wildlife, Limited License Office, 6060 Broadway, Denver, Colorado, 80216. Hunters may apply from the Monday after the May Commission Meeting through the last day of the rifle seasons.
3. Applications for mobility-impaired hunting licenses shall contain a statement from a licensed medical doctor or a certified physical, occupational, or recreational therapist describing the applicant's mobility impairment and the permanent medical condition which makes it impossible for the applicant to hunt without the assistance of an attendant. Additional documentation may be required if necessary to establish the applicant's eligibility for a mobility-impaired hunting license. For the 2001 seasons and thereafter, once certified by the Division as mobility-impaired according to these regulations, applicants will not be required to submit the medical statement.
4. Mobility-impaired hunting licenses will be available in all game management units (GMU's) with a total allocation of more than 100 antlerless deer or 100 antlerless elk or 50 doe pronghorn during the rifle seasons described in Regulation #'s 250, 257, and 262. For each game management unit (GMU) no more than 10 or 2 percent of the total number of limited antlerless or doe licenses for the game management unit, whichever number is greater, shall be issued as mobility-impaired hunting licenses for the species in question. As issued, mobility-impaired licenses will be valid only for the season dates and any units included in the authorized hunt code. Mobility-impaired licenses may not be issued for ranching for wildlife properties unless otherwise provided in the ranch contract.
5. Ten (10) mobility-impaired hunting licenses will be available for the spring turkey season, valid only on private lands in units 91, 92, 96, and 102. The license will be valid for the season dates established for the authorized hunt code. Mobility-impaired licenses may not be issued for ranching for wildlife properties unless otherwise provided in the ranch contract.

Please be aware that an accommodation permit (shooting from a vehicle, etc.) is different and separate from the mobility-impaired license.

The Colorado Division of Wildlife continues to urge you to apply for big game licenses through the regular draw process.

PHYSICIAN OR PHYSICAL, OCCUPATIONAL OR RECREATIONAL THERAPIST'S STATEMENT

This program is for persons that need an assistant in the field to assist them for their own mobility. This application, if approved, will assist the applicant in acquiring a Big Game license for cow elk, doe deer, doe pronghorn, and/or spring turkey.

THIS PORTION OF THE APPLICATION MUST BE COMPLETED BY THE PHYSICIAN OR PHYSICAL, OCCUPATIONAL, OR RECREATIONAL THERAPIST

PLEASE PRINT OR STAMP CLEARLY

PHYSICIAN'S NAME:

STREET ADDRESS or BOX NUMBER:

CITY, STATE, ZIP CODE:

AREA CODE, TELEPHONE NUMBER:

DATE OF PATIENT DIAGNOSIS _____

IN "LAYMAN'S TERMS", PLEASE DESCRIBE THE NATURE/DIAGNOSIS OF IMPAIRMENT: In answering this question, please be specific about the patient's impairment. Statements, such as "heart problem" or "bad back" are vague descriptions of the patient's impairment and do not provide adequate information to make a determination in regards to the request for mobility impaired hunting license. List only the impairment(s) that impact the patient's mobility.

IS THIS IMPAIRMENT PERMANENT? YES NO

EXPLAIN HOW THE PATIENT'S MOBILITY IMPAIRMENT (S) MAKE IT PHYSICALLY IMPOSSIBLE FOR THEM TO HUNT **WITHOUT THE ASSISTANCE OF AN ATTENDANT.**

HAVE YOU PRESCRIBED ANY OF THE FOLLOWING AMBULATORY DEVICE (S) FOR THIS PERSON? IF SO, TO WHAT EXTENT IS THE PATIENT REQUIRED TO USE THE DEVICE (S)?

	Full-time	Part-time	Only under certain conditions (Please explain below):
Wheelchair:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Canes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Walker:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Crutches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

I certify that the patient whose name appears on this application is currently under my care and I am fully aware of the patient's medical condition. Furthermore, I certify that the patient whose name appears on this application has the impairment as stated. I understand that providing false information when completing this application is a criminal offense.

Physician or Physical, Occupational or Recreational
Therapist's Signature

Date