



ACCOMMODATION PERMIT APPLICATION

Use this form to apply for wildlife recreation accommodations including, but not limited to, shoot from a stationary motor vehicle or Off Highway Vehicle, assistant to track and dispatch wounded game, crossbow, and draw-loc.

► **IMPORTANT: Please read the application instructions on Page 3 before you begin.**

Mail completed application to CPW, Attn: ADA Application, 6060 Broadway, Denver, CO 80216

SECTION 1: TO BE COMPLETED BY APPLICANT

CID NUMBER (If you have one):

HUNTER EDUCATION NUMBER (Required if born on or after 01/01/49) _____

Last Name First Name Middle Initial Male Female

Street Address or PO Box Number City State Zip

(_____) _____
Phone Number Date of Birth Weight Height

1. What accommodation are you requesting from Colorado Parks and Wildlife (CPW)? (shoot from vehicle, assistant to track/dispatch wounded game, crossbow, draw-loc etc.) For a complete list, see instructions on pg 3.

2. Are you requesting an accommodation for the use of an other power-driven mobility device [OPDMD (ATV/OHV)] on CPW wildlife property [either a **State Wildlife Area (SWA)** or a **State Trust Land (STL)**]?
 Yes No

If **YES**, on a separate sheet of paper you **MUST** submit the SWA/STL name(s) and dates you are requesting access. Applications **CANNOT** be processed without this information. **SEE INSTRUCTIONS ON PAGE 3.** Please note that we can only grant access to a SWA or STL. We **CANNOT** grant access to property not owned/leased by CPW. If the property you want to access is owned by a private party, U.S. Forest Service, Bureau of Land Management, or other party, you must contact the owner directly to request access. Sign and do not fill out Sections 2 & 3 if this is your only request. If **NO**, continue to Sections 2 & 3.

I certify that the information provided on this application is true and accurate. Providing false information when applying for a license or permit is a violation, and upon conviction therefore, is punishable as a misdemeanor.

APPLICANT SIGNATURE (Only if you answered yes to question #2 above) DATE

SECTION 2: TO BE COMPLETED BY APPLICANT

1. Describe how your disability impacts major daily life functions.

2. State how your disability impacts the essential function of hunting or other wildlife recreation activities; i.e. entering/exiting a vehicle, standing, balancing, walking, handling a firearm, properly identifying an animal, dispatching game, tolerating cold weather/ high altitudes. If you are applying for a crossbow or draw-loc permit, state how your disability impacts upper body strength, range of motion, rotation, flexion, grip strength, etc.

I give CPW permission to release my medical information for law enforcement purposes and to emergency medical personnel for medical situations. I understand that dependent on the answers provided on the application, the CPW may contact me or my medical provider for additional documentation. I certify that the information provided on this application is true and accurate. Providing false information when applying for a license or permit is a violation, and upon conviction therefore, is punishable as a misdemeanor.

APPLICANT SIGNATURE DATE

OFFICE USE ONLY

OFFICE USE ONLY

SECTION 3: MEDICAL PROVIDER STATEMENT A licensed medical doctor, a certified physical therapist, a certified occupational therapist, or a certified recreational therapist must complete Section 3.

► **Questions about the application? Read the application instructions on Page 3.**

PLEASE PRINT CLEARLY OR USE STAMP IN SPACE PROVIDED BELOW

Patient's Name

Medical Provider's name and License#

Street Address or Box Number

City State Zip

(____)

Phone number Date of Patient's Diagnosis

NOTE: Review the attached Regulation #005 prior to answering these questions. Accommodations are granted under the ADA to those individuals who have a significant impairment of a daily major life function, and are not based on the ability to take on a specialized activity such as hunting.

1. Is the disability a significant impairment that substantially limits one or more major daily life functions?

YES NO

2. How is/are the patient's major daily life function(s) affected?

3. Is the disability permanent? YES NO If no, what is the expected duration of the disability? The duration **MUST** be stated if the disability is not permanent. _____

4. How severe or substantial is the patient's disability? _____

5. Describe to what extent the patient's disability impacts his/her ability to participate in wildlife recreation activities, for example entering or exiting a vehicle, standing, walking, handling a firearm, retrieving game, or tolerating cold weather. If the patient is applying for a crossbow or draw-loc permit, explain how the ability to use standard archery equipment is affected, for example, grip strength, finger/hand coordination, strength and range of motion of arms and shoulders, etc.

6. Has the applicant been prescribed any of the following ambulatory devices?

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

7. **CROSSBOW OR DRAW-LOC ACCOMMODATIONS ONLY:** Does patient meet any of the following?

- Amputation involving one or both arms, or involving 4 fingers at the proximal interphalangeal joint, or any portion of the forearm or upper arm including wrist, elbow, or shoulder.
- Spinal Cord Injury including and above C-8, resulting in permanent paralysis to one side of the upper extremities.
- Cerebral palsy, MS, ALS, stroke, or Parkinson's disease.

Yes No

I certify that I am fully aware of the patient's medical condition. Furthermore, I certify that the patient whose name appears on this application has the disability as stated which requires an accommodation as provided for by law. I understand that providing false information when completing this application is a violation, and upon conviction therefore, is punishable as a misdemeanor.

Signature of Medical Provider

Date

INSTRUCTIONS and GENERAL INFORMATION ABOUT ACCOMMODATIONS

Applicant: Carefully review and keep this information for your records.

Application Instructions

1. Every applicant completes Section 1.
2. Applicants requesting **ONLY** an accommodation for the use of another power-driven mobility device [OPDMD (ATV/OHV)] and no other accommodation need only fill out Section 1 of the application. In addition to Section 1, please provide a copy of your state-issued disability placard or card, or State-issued proof of disability if you are requesting an accommodation for the use of [OPDMD (ATV/OHV)]. If you are not able to provide a State-issued disability placard or card, or State-issued proof of disability, you will be asked to provide verbal verification to Colorado Parks and Wildlife that the power-driven mobility device is needed because of a mobility disability. You **MUST** also submit on a separate sheet of paper, the name of the State Wildlife Area or State Trust Land along with the date that you are requesting access. **Note:** An OPDMD device shall include the following: any mobility device powered by batteries, fuel, or other engines used by individuals with mobility disabilities for the purpose of locomotion including golf cars, electronic personal assistance mobility devices (EPAMD) such as the Segway PT, or any mobility device designed to operate in areas without defined pedestrian routes. It is not necessary that the device be designed primarily for use by individuals with mobility disabilities. A wheelchair is not considered an OPDMD. An OPDMD also does **NOT** include a motor vehicle (car, pickup truck), but must adhere to the same restrictions. See **OPDMD/Vehicle access to wildlife properties owned or leased by CPW** on page 4.
3. Applicants applying for the following accommodations: shoot from a vehicle/OHV, aid to track/dispatch wounded game, vehicle exterior firearm support, scope on muzzleloader, scope on crossbow in archery season, crossbow or draw-loc in archery season, or vehicle access **MUST** complete Section 2.
4. Applicants who are filling out Section 2 **MUST** have their medical provider complete Section 3.
5. Make a copy of the application for your records. Return the completed, original application at least 30 days prior to your hunt to:

CPW

Attn: ADA Application

6060 Broadway

Denver, CO 80216

Questions? Call 303-291-7485

General Information

- This is an accommodation permit application, not a license application. Refer to Colorado Parks and Wildlife (CPW) brochures for all applicable rules and regulations, including habitat stamp and hunter education requirements. In some cases we may not be able to print your accommodation until you purchase an annual habitat stamp.
- Possession of an accommodation permit does not exempt the permit holder from obeying all other hunting, fishing, and property use laws.
- Medical reports will not be accepted in lieu of the application.
- CPW does not honor accommodation permits from other states.
- Crossbow applicants: If you can draw back your standard archery equipment, consider using a draw-loc before purchasing or using a crossbow during archery season. Standard archery equipment is the basis of archery season.

Commonly Requested Accommodations (Others may be requested)

- Shoot from motor vehicle or Shoot from motor vehicle/OHV – CPW does not grant accommodations to shoot from a public road. Some conditions that typically qualify you to shoot from a vehicle include: use of a prescribed device such as a wheelchair, crutches, braces, etc.; documented severe difficulty getting in/out of a vehicle; problems with standing or balancing; and/or a medically valid need for controlled temperature and environment.
- Assistant to track and dispatch wounded game – CPW does not grant accommodations allowing off road OHV access for the purposes of game retrieval. If you cannot track and retrieve wounded game, this accommodation allows your assistant to do it for you.
- Use exterior of vehicle as support for firearm
- Scopes on crossbows during archery season and Scopes on muzzleloaders during muzzleloader season – Requires documentation of a visual disability as defined by the Americans with Disabilities Act (ADA). Hyperopia, myopia, and presbyopia are not considered disabilities under the ADA and will not qualify for an accommodation.

- OPDMD/Vehicle access to wildlife properties owned or leased by the CPW – These are **TEMPORARY** accommodations that include property-specific rules. **OFF ROAD ACCESS IS PROHIBITED.** On a separate sheet of paper you **MUST** indicate the following:
 1. Name of the State Wildlife Area or State Trust Land you are requesting access to.
 2. Dates that you are requesting access to that property.
 Contact the appropriate land management agency (U.S. Forest Service or BLM) for access to other properties not owned or leased by the CPW.
- Crossbow or Draw-loc during archery season - Accommodations do not allow the use of scopes, red dot sights, magnified optical aids, laser, or battery or electronically powered aiming, sighting, or range finding devices.

Eligibility Requirements

See Regulation #005 below. CPW provides reasonable accommodations for individuals with disabilities as defined by the Americans with Disabilities Act (ADA). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities, defined as an everyday activity an average person can perform with little or no difficulty. This definition is not based on an individual's ability to undertake a specialized activity such as hunting. For more information about the ADA, visit adaportal.org, or call 800-514-0301 (voice) or 800-514-0383 (TDD).

Wildlife Commission Regulation

ARTICLE V – ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

#005 REASONABLE ACCOMMODATIONS

A. The Director shall have the authority to grant variances from the regulations adopted by the Wildlife Commission, including but not limited to manner of take and access accommodations, for the sole purpose of providing reasonable accommodations to persons with a significant impairment of a major life function resulting in functional impairment under the Americans with Disabilities Act. Such accommodations may be provided if they are reasonably required to allow the person to participate in wildlife programs or access wildlife properties to participate in wildlife related recreation and do not:

1. Significantly alter the purpose of the Division property or program for which the accommodation is requested;
2. Jeopardize the safety of the applicant or any other person; or
3. Pose undue hardship for the Division

B. Application for such accommodations must be made on a form available from and submitted to the Division at least 30 days prior to the requested effective date.

C. Except when applying exclusively for the use of a power-driven mobility device, the application shall include a statement from a licensed medical doctor, a certified physical therapist, a certified occupational therapist, or a certified recreational therapist containing:

1. A medical explanation as to whether or not the disability is a significant impairment that limits one or more daily life functions, and how those functions are affected.
2. A narrative description of how the accommodation requested is reasonably required to allow the applicant to participate in the wildlife program or access the wildlife property in question.

D. Such applications will be reviewed on a case by case basis and additional documentation may be required if necessary to establish the applicant's disability or the reasonableness of the accommodation requested. If any accommodation is authorized, the applicant will be provided with a special permit listing the accommodation and any conditions of its use. In the case of properties and facilities designated exclusively for hunters with qualifying disabilities, this permit shall allow a permittee and attendant access to such properties and facilities.

1. When shooting from a motor vehicle is authorized, the permittee is authorized to discharge a firearm or release an arrow from a stationary motor vehicle only after all forward motion has ceased and the motor has been turned off or is incapable of forward motion. No shooting may be done from a public road.

E. Permits are free of charge, and valid for the time period designated on the permit. Except when applying exclusively for the use of a power-driven mobility device, the temporary or permanent nature of the person's disability may be considered in establishing the time period for which the permit will be valid. Permits shall be presented for inspection upon request by an officer of the Division.

F. Hunters with permits must be accompanied by another person when necessary to ensure that the wildlife taken is retrieved and properly prepared for human consumption. Such person may dispatch wounded wildlife when so authorized as a condition of the permit.

G. Persons provided with any accommodation under this regulation shall comply with all other applicable laws and regulations. Permits allow variances only from regulations specifically addressed and only in the manner and under the circumstances set forth therein.

H. A service animal is defined as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability. The crime deterrent effects of an animal's presence and the provisions of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.