Maryland Department of Natural Resources -*Wildlife & Heritage Service*

APPLICATION FOR PERMIT TO HUNT FROM A VEHICLE

INSTRUCTIONS:

1. Print or type all information.
2. Please read regulation below.
3. Return completed application to proper address listed on the reverse side.
4. **Upon receipt of a properly completed, legible application, your permit will be mailed to you. Turn around time is approximately 10 working days.**

APPLICANT INFORMATION

NAME _____
(First) (M.I.) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

COUNTY _____ PHONE NO. (HOME) _____ (WORK) _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

COMAR REGULATION 08.03.10

.09 Special Permit – Disabled Persons.

A. A person who possesses a valid hunting license and who has a disability, which impairs his mobility, may receive a permit from the Service to hunt from a vehicle. However, the person may not shoot or have a loaded weapon in the vehicle while the vehicle is on a public roadway or the shoulder of a public roadway.

B. To be issued a Disabled Person to Hunt From Vehicle Permit a person shall:
   (1) Submit a completed Service application to the appropriate regional wildlife manager; and
   (2) Obtain a physician's signature on the application, which certifies that the applicant is mobility impaired.

C. Each person shall:
   (1) Have the permit on his person while hunting;
   (2) Keep the vehicle at a complete stop with the motor turned off while shooting, aiming, or firing the weapon; and
   (3) Have all weapons unloaded, including no ammunition in the magazine, while the vehicle is in motion.

D. A permittee may have other permittees and a companion in the permittee's vehicle while hunting. A hunter may serve as a companion but may not hunt from the vehicle.

E. In addition to any other sanction provided by law, the Service may suspend or revoke the permit if the permittee violates any provision of this regulation.

APPLICANT'S CERTIFICATION

I hereby certify that I have read and understood the regulation on special permit – disabled hunter.

_____ _____
(Signature of Applicant) (Date)

PHYSICIAN'S CERTIFICATION

Does the applicant's physical disability preclude (prevent) him/her from walking or standing for long periods of time, and does his/her condition, in your opinion, warrant permission to hunt from a vehicle?

_____ **Yes** _____ **No** **Is this condition:** _____ **Permanent or** _____ Temporary

If temporary, how long? _____

Describe the patient's disability _____

_____

_____

_____ _____
(Printed Name of Physician) (Telephone Number)

_____ _____
(Signature of Physician) (Date)