

### Conservation

- ◆ This permit is provided at no charge.
- ◆ You must have a permanent disability to qualify for this permit.
- ◆ Allow 14 working days for this application to be processed.

◆ IS THIS ALSO AN APPLICATION TO DISCHARGE A FIREARM FROM VEHICLE?

Check one:  - YES  - NO

**Permits allowing the discharge of a firearm from a vehicle are limited to those persons who are permanently dependent on a wheelchair for purposes of ambulating.**

#### FOR FURTHER INFORMATION CONTACT

ANY MANITOBA CONSERVATION DISTRICT OFFICE WHERE A NATURAL RESOURCE OFFICER IS LOCATED

#### OR

WILDLIFE PERMITS CLERK  
 WILDLIFE AND ECOSYSTEM PROTECTION BRANCH  
 BOX 24-200 SAULTEAUX CRESCENT  
 WINNIPEG MB R3J 3W3  
 TELEPHONE: 204-945-1893  
 FAX NO.: 204-948-2756

PART A: TO BE COMPLETED BY APPLICANT (print clearly)

NAME OF APPLICANT:		DATE OF BIRTH (DAY/MONTH/YEAR):		OCCUPATION:	
ADDRESS:		TELEPHONE NUMBERS:			
		HOME		WORK	
CITY/TOWN:		PROV./STATE		POSTAL/ZIP CODE:	
<p>I hereby certify that the information provided in this application and to the doctor who completed Part B is true to the best of my knowledge and request that a disabled hunter permit be issued to me. I also authorize Manitoba Conservation to use this information for the purpose of assessing my eligibility for the permit requested including any related need to communicate or exchange information with the doctor who completed Part B.</p> <p>SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____</p>					

#### PART B: TO BE COMPLETED BY A MEDICAL DOCTOR - REQUIRED FOR NEW APPLICATIONS AND RENEWAL OF EXPIRED PERMITS.

The intent of a disabled hunter permit is to give a person with a permanent walking disability a reasonably equitable opportunity to access a hunting area. Severity of the disability will determine whether the applicant may also be authorized to discharge a firearm from a vehicle.

CAUSE AND DESCRIPTION OF THE APPLICANT'S PHYSICAL DISABILITY AND HOW IT AFFECTS ABILITY TO WALK (print clearly):

  
  
  
  
  
  
  
  
  
  

Is the applicant's disability:  - Permanent OR  - Temporary

Is walking harmful to the applicant's condition?  - Yes  - No    Is walking inordinately painful for the applicant?  - Yes  - No

Is applicant able to walk 50 metres without inordinate harm to health or risk to safety?  - Yes  - No

Does applicant require full-time assistance of a mobility aid such as a walker, cane or crutches?  - Yes  - No

Is applicant able to stand without the support or assistance of a walker, cane or crutches?  - Yes  - No

Is applicant paraplegic or otherwise permanently dependent on a wheelchair for purposes of ambulating?  - Yes  - No

I have examined the applicant and hereby certify that the information noted herein is an accurate assessment of the applicant's physical disability.

SIGNATURE OF DOCTOR: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

DOCTOR'S NAME (PRINT CLEARLY) \_\_\_\_\_ OFFICE TELEPHONE NUMBER: \_\_\_\_\_

#### FOR DEPARTMENT USE ONLY

DISTRICT COMMENTS:

RECOMMENDED:

YES -  NO -

DATE:

OFFICER'S SIGNATURE:

OFFICER'S NAME (PRINT CLEARLY)