



2024 Permit To Modify Archery Equipment

Section 1 - Must be completed by the applicant

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|---|--------|--------|---------|------------|---|------------|
| Date of Birth ____/____/____ ALS # ____ | | | | | Last 4 digits of your Social Security Number | |
| Name First _____ MI _____ Last _____ | | | Jr. Sr. | Home Phone | | Work Phone |
| Mailing Address (Your application cannot be processed if you list only a PO Box Number) | | | | | Physical Address | |
| City | | | State | Zip Code | Country USA Other _____ | |
| Female | Weight | Height | Eyes | Hair | Yes FWP receives requests for mailing lists. Do you want your No name included on lists provided by FWP to requestors? (see below) | |
| Male | | | | | | |

T The "Permit to Modify Archery Equipment" (PTMAE) allows a person with a **PERMANENT LIFETIME** disability to use modified archery tackle that supports the bow, and draw, hold and releases the string to accommodate the individual disability (arrows, however, are non exempt, and still need to meet current requirements for the archery season as defined in the annual regulations). **Crossbows may not be used during archery season.**

The "Permit to Modify Archery Equipment" holder **is** required to have a companion to assist in aspects of the hunt such as bow set-up and transporting the game animal(s), etc. The companion may also assist the permit holder by hunting (by the legal use of archery equipment only) a game animal that has been wounded by the permit holder when the hunter with a disability is unable to pursue and kill the wounded animal.

If you are awarded a PTMAE, you are required to follow Permit To Modify Archery Equipment Guidelines

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-6-302, 303 and 304.

X _____
 SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print
 (Faxed or photocopied signature not acceptable.) Date

Section 2 — This section must be completed by a licensed medical provider (MD, DO or APRN).

Physician MUST check one or more of the following **PERMANENT** eligibility criteria.

Patient Name _____

Montana Fish, Wildlife & Parks requires that an applicant for the 'Permit To Modify Archery Equipment' meet at least one of the following criteria as a **PERMANENT LIFETIME** medical condition (check all that apply).

Amputation involving 4 fingers at the proximal interphalangeal joint, wrist, elbow or shoulder.

Spinal cord injury at the level of T-1 or above, resulting in permanent disability of at least 80% to a hand, wrist, arm or shoulder

Muscle weakness resulting in a permanent disability of the muscles of the shoulder, arm and back used in drawing and holding a bow. (Testing procedures shall use the 'Techniques of Manual Muscle Testing' by Daniels and Worthingham and be scored on a range of grade 0 to grade 5. The applicant must score grade 3 or worse to qualify for a modified archer's permit.

Impaired range of motion of the shoulder, elbow or wrist that would prohibit the applicant from raising and holding a bow in a horizontal position. The impairment must be of a permanent nature.

Coordination deficit. Coordination is the ability to execute smooth, accurate, controlled movement. Incoordination or coordination deficit describes abnormal motor function characterized by awkward, extraneous, uneven or inaccurate movements. This deficit may be caused by central nervous system disorders, including, but not limited to, Parkinson's Disease, Cerebral Palsy, Hemiplegia, Hemiparesis and closed head trauma; or by progressive neuromuscular diseases, such as Muscular Dystrophy, Multiple Sclerosis and Amyotrophic Lateral Sclerosis. The physician must assess the ability of the applicant to use his or her muscles or groups of muscles in a coordinated manner necessary to adequately and safely shoot a standard bow.

I hereby certify that the above-named applicant is eligible for the 'Permit To Modify Archery Equipment' due to the applicant's **PERMANENT LIFETIME** medical condition checked above.

MD, DO, or APRN Signature

PRINT — MD, DO, or APRN Name

MD, DO, or APRN License #

PRINT — MD, DO, or APRN Address

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists.
**Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.

- This permit must be used with a valid current years hunting and bow and arrow license.
- This permit is nontransferable
- Please call 406-444-2950 if you have any questions.

Return completed application to:

Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701