

# 2013 **Permit To Hunt From A Vehicle Application**

fwp.mt.gov

<ul> <li>ALS = Automated Licensing System</li> <li>Montana hunting, fishing and other recreational licenses are issued via an automated licensing system (ALS).</li> <li>The first time you acquire a license through ALS, you will be assigned a lifetime "ALS number".</li> <li>The ALS number is your birthdate plus a number randomly issued by the automated system.</li> </ul>								
Date of Bir	th		ALS#_		_ (see ab	pove)		
_	Last 4 digits of your Social Security Number							
n you do i	iot nave an Al	o namber, you	moor also p	provide	tile las	t 4 digits of your soo	iai security mamber.	
Name	First	MI	Last		Jr. Sr.	Home Phone ( ) -	Work Phone ( ) -	
Mailing Add	ress (Your applicatio	n cannot be processed if y	ou list only a PO Bo	ox Number)	Physica	al Åddress		
City	City State		Zip C	ode	Country USA Other_			
☐ Female ☐ Male	Weight	Height	Hair	Eyes		Occupa	ation	
☐ Yes (FWP receives requests for mailing lists. Do you want your ☐ No name included on lists provided by FWP to requestors?)								
I hereby declare that all statements on this form are true and correct. I understand that if I subscribe to any false statement in this application I am subject to criminal prosecution. MCA 87-6-302.								
SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print  Date  (Faxed or photocopied signature not acceptable.)								

Section 3 - must be completed by a licensed physician Medical (MD), Osteopath (DO), Advanced Practice Registered Nurse (APRN), Licensed Physician Assistant (PA) or a Licensed Chiropractor (DC) only.

## Please Remember:

- This permit must be used with a valid current years hunting license.
- This permit is nontransferable.
- This permit is free-of-charge.
- Invalid or incomplete applications will be returned.
- Questions???'s —Call (406) 444-2535

#### Return completed application to:

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

### **Check Your Application:**

- ☐ I have completely filled out MANDATORY Sections 1 and 2
- ☐ I have signed my application in both Sections 1 and 2.
- ☐ I have obtained the appropriate signatures from my health care provider in Section 3.

LICENSES issued through the mail may take two weeks from time of receipt to process. Please allow adequate time.

9	Section 2 — Must be completed by the applicant
	Hunters with the Permit to Hunt From a Vehicle authorization MUST BE accompanied by another person to assist with field dressing and/or recovery of a wounded game animal when hunting big game, MCA 87-2-803(4)(c).
	I (PRINT your name)hereby affirm that I am capable of holding and firing legal firearms, without assistance from other persons, and that I qualify for this permit because:
	Applicant MUST check one or more of the following
	PERMANENT eligibility criteria.
	I am permanently dependent on:  1. wheelchair for mobility 2. crutch for mobility 3. cane for mobility 4. an oxygen device I am an: 5. amputee above the wrist and/or amputee above the ankle I am permanently unable to: 6. walk, unassisted, 600 yards over rough and broken ground while carrying 15 pounds within 1 hour AND I am unable to handle and maneuver up to 25 pounds.
	X  SIGNATURE OF APPLICANT - Original Signature Required - Do Not Print  (Faxed or photocopied signature not acceptable.)
	(1 daed of photocopied signature not deceptable.)

# Important Information :

\*This is a <u>LIFETIME</u> certification.

\*If you are awarded a PTHV, <u>you are required to follow Permit to Hunt From a Vehicle Guidelines</u>.

\*Revocation of exception. If a person is convicted of a violation of the fish and game laws or regulations of Montana these privileges shall be revoked for not less than 6 months. MCA-87-6-921

	Section 3 — Must be completed only by an appropriate Health Care Provider (MD, DO, APRN, PA or DC)  I hereby certify that the above-named applicant is eligible for the Permit to Hunt From a Vehicle							
M	because of a <u>PERMANENT LIFETIME</u> mobility limitation as checked in Section 2, as per MCA 87-2-803(8)(10)							
M A N D A T O R Y	PRINT — Provider Name	Provider — Office Phone Number						
O R Y	PRINT — Provider Address	License # of Health Care Provider						
	Provider Signature	Date						

In accordance with Section 87-2-803 (11) MCA code has been amended to read: The Department or a person who disagrees with a determination of disability or eligibility for a Permit To Hunt From A Vehicle may request a review by the Board of Medical Examiners pursuant to 37-3-203.