



Section 1 — Must be completed by the applicant

MANDATORY

ALS = Automated Licensing System

- Montana hunting, fishing and other recreational licenses are issued via an automated licensing system (ALS).
- The first time you acquire a license through ALS, you will be assigned a **lifetime “ALS number”**.
- **The ALS number is your birthdate plus a number randomly issued by the automated system.**

Date of Birth ____/____/____ ALS # ____ (see above)
MM DD YYYY

Last 4 Digits of your Social Security Number _____

If you do not have an ALS number, you MUST provide the 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 <input type="checkbox"/> USA <input type="checkbox"/> Other _____			
<input type="checkbox"/> Female	Weight	Height	Hair	Eyes	Occupation			
<input type="checkbox"/> Male								
<input type="checkbox"/> Yes (FWP receives requests for mailing lists. Do you want your name included on lists provided by FWP to requestors?) <input type="checkbox"/> No								

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 draws, holds and releases the string to accommodate the individual disability (arrows, however, are not exempt, and still need to meet current requirements for the archery season as defined in the annual regulations). **Crossbows may not be used during the 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 understand that if I subscribe to any false statement in this application I am subject to criminal prosecution. MCA 87-6-302.

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

Please Remember:

- This permit must be used with a valid current years hunting license.
- This permit is nontransferable.
- Invalid or incomplete applications will be returned.
- Questions? —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 filled out MANDATORY Section 1.
- I have obtained a licensed physician’s (M.D. or D.O.) certification in Section 2.

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

Section 2 — Must be completed by a licensed physician Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) only.

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" meets 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 the 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.

PRINT – M.D. or D.O. Name

M.D. or D.O. Office Phone Number

PRINT – M.D. or D.O. Address

M.D. or D.O. License #

M.D. or D.O. Signature

Date