

## Special Use Permits

Special Use Permits are available to any person who has applied for, receives, and maintains in good standing “disability status” with Washington State Department of Fish and Wildlife, who meets the criteria below, and qualifications are certified through application with a licensed physician's signature.

### Crossbow

Qualifiers for crossbow: A person with a permanent non-operable upper extremity disability that has lost the use of one or both upper extremities, has a significant limitation in the use of an upper extremity, or has a permanent physical limitation which substantially impairs the ability to safely hold, grasp or shoot a traditional long bow, recurve bow, compound bow, muzzleloader, or modern firearm device rendering them unable to hunt. Loss or limitation such as muscle weakness, impaired range of motion, unilateral hand weakness, disability of both hands or both arms, or both sides of the upper extremities may be the result of, but not limited to, amputation, paralysis, diagnosed disease or disorder, substantial injury, or birth defect. Adaptive equipment includes cocking devices that crank back and hold the bow at full draw; trigger mechanisms that may be released by mouth or chin, and devices that assist in supporting the bow. Physicians must state why the applicant is unable to use traditional hunting equipment due to objective medical evidence and therefore need an accommodation to use adaptive archery equipment or a crossbow.

## Applying for a Special Use Permit

### Instructions:

1. Take application to your licensed physician with intimate knowledge of your condition. (ARNP's and Physician's Assistant signatures are NOT accepted)
2. Review entire packet with your physician. Physician's statement, signature, and medical ID number are mandatory.
3. Your physician **must describe in detail** on the official Special Use Permit application:
  - a. State the diagnosed disease, disorder, or injury and date occurred or diagnosed,
  - b. List all corrective surgeries and date(s) completed,
  - c. If no corrective surgery, state why? And is this situation non-operable?
  - d. Identify resulting physical limits of function experienced today,
  - e. Measurable objective findings. Measurements scored during the evaluation and permanent impairment rating testing, **example**: range of motion, muscle weakness rating (push, pull, lift), coordination assessment (inaccurate/uneven), grip strength, etc.
  - f. Permanency of injury, operable / inoperable and prognosis.
4. Remember, **WDFW does not accommodate pain**, only non-operable physical impairments.
5. A copy of the testing protocol results or SOAP report may be submitted with the application or maybe requested for further examination.
6. Applications must be completed in full, signed by a licensed physician, or it will be returned.
7. Return completed application to address below.
8. Allow 4-6 weeks for processing.

WDFW ADA Program Manager  
PO Box 43139, Olympia, WA 98504  
360-902-2349







WASHINGTON DEPARTMENT OF FISH AND WILDLIFE

**SPECIAL USE PERMIT APPLICATION**

Mail to: WDFW, ADA Manager, 600 Capitol Way N, Olympia, WA 98501-1091  
 Fax to: (360) 902-2392

Please Print Clearly										APPLICANT INFORMATION REQUIRED				1.
LAST NAME					FIRST NAME					MIDDLE		SUFFIX JR / SR		
MAILING ADDRESS					PHYSICAL ADDRESS									
CITY			STATE		ZIP		CITY			STATE		ZIP		
SEX M / F	HEIGHT FT. IN.		WEIGHT			DOB		EYE COLOR			HAIR COLOR			
WILD ID				EMAIL				PHONE						
<p>I hereby certify under penalty of perjury under the laws of the State Of Washington that the information provided on this form is true and correct. RCW 77.15.650(1)(a) Penalty Providing False Information</p> <p>Applicant's Signature _____ Date _____</p>														

MEDICAL CERTIFICATION OF DISABILITY													2.
<p><b>Physician:</b> The above applicant is applying for a Special Use Permit for accommodation in hunting, fishing or wildlife viewing activities. State law restricts such permit to persons with permanent non-operable disabilities. There are no temporary permits.</p> <p><b>Archery Adaptive Equipment:</b> Includes but is not limited to; cocking devices that hold a bow at full draw, trigger mechanisms that may be released by mouth or chin, and devices that assist in supporting the bow. This permit is for hunters who have a permanent upper extremity impairment, rendering them unable to use conventional archery equipment. WAC 232-12-054(4)(a)</p> <p><b>Crossbow:</b> Hunters unable to use archery adaptive equipment may qualify to use a crossbow. Applicant must have significant loss in the use of the upper extremities which substantially impairs the ability to safely hold, grasp, or shoot a long bow, recurve bow, or compound bow. WAC 232-12-054(4)(b)</p> <p><b>Scopes:</b> Scopes may be allowed on Crossbows and Muzzleloaders for persons who are visually impaired. Visually impaired means central visual acuity that does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is no greater than twenty degrees. WAC 232-12-828(1)(e)</p> <p><b>Fly Fishing Only Waters:</b> Anglers with a permanent non-operable upper extremity impairment, who are physically incapable of using conventional fly fishing gear may qualify to use spin-casting gear with a casting bubble. Monofilament line is permitted with no limit on the breaking strength of the line. WAC 220-56-210</p> <p>Copies of your testing protocol and results may be submitted with this application, or may be requested for further examination. Physicians certifying a disability must have intimate knowledge and documentation of the above applicants condition. Please read and answer the following pages carefully. You will be responsible for all information provided in this application.</p> <p>If you have any questions pertaining to hunting regulations, equipment design &amp; use, acceptable testing methods or have a patient with a disability not meeting the criteria above, please call the ADA Program Office at (360) 902-2349. Washington Department of Fish and Wildlife strives to accommodate all persons with permanent disabilities concerning their recreational experiences.</p>													







EXCEPTION TO THE SPECIAL USE PERMIT APPLICATION

Mail to: WDFW, ADA Manager, 600 Capitol Way N, Olympia, WA 98501-1091

Fax to: (360) 902-2392

This application form is to be included ONLY for permanent disabilities not currently covered under: WAC 232-12-828, WAC 232-12-054, WAC 220-56-210, WAC 232-12-051.

Form with fields for LAST NAME, FIRST NAME, MIDDLE, SUFFIX, MAILING ADDRESS, WILD ID, CITY, STATE, ZIP, PHONE, SSN, SEX, HEIGHT, WEIGHT, DOB, EYE COLOR, HAIR COLOR.

Applicant: please describe in very specific detail why you are requesting an exception to the Special Use Permit that would allow you to participate in fishing, hunting, or wildlife viewing activities that you would not be able to do within the existing WAC definitions; WAC 232-12-828, WAC 232-12-054, WAC 220-56-210, WAC 232-12-051. Signature

Physician: please describe in very specific detail the condition which substantially impairs the applicant thus rendering them unable to participate in fishing, hunting or wildlife viewing activities. Explain how this exception to the SUP will accommodate a disability not listed in the definitions; WAC 232-12-828, WAC 232-12-054, WAC 220-56-210, WAC 232-12-051. Signature