



**APPLICATION FOR SPECIAL PERMIT
FOR HUNTER WITH DISABILITIES**

State Form 10691 (R7 / 6-09)



DEPARTMENT OF NATURAL RESOURCES

Attn: Permit Coordinator
Division of Fish and Wildlife
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 232-4102

INSTRUCTIONS:

1. Please type or print information.
2. Provide all information requested or your application will be returned without processing.
3. A Physician's Statement of Disability must accompany each application submitted by new applicants.
4. Mail application and physician statement forms to address shown in upper right corner.

APPLICANT INFORMATION

Name of Applicant (<i>first, middle, last</i>)	Date of Birth (<i>month, day, year</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (<i>number and street</i>)	Height	Weight
City, State, and ZIP Code	Eye Color	Hair Color
County	Telephone Number ()	

DESCRIPTION OF DISABILITY AND REQUEST

Briefly describe your disability:

Describe exactly what type of equipment or method of hunting you need to use because of your disability (*please see NOTE below*):

NOTE: Please include the type of equipment you will be using (*shotgun, muzzle-loading rifle, bow, crossbow*). If you are requesting to use a vehicle, you must specify whether you need to shoot from a stationary vehicle, or if you need to use a vehicle in order to access a hunting area, and identify the type of vehicle (*car, truck, 4-wheel drive, or ATV*).

Signature of Applicant

Date (*month, day, year*)

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Application Approved Application Disapproved

Approval Granted For:

Signature of Fish and Wildlife Staff Specialist

Date (*month, day, year*)