

**APPLICATION FOR INDIVIDUALS TO PARTICIPATE IN THE
PRE-SEASON TURKEY HUNT FOR PEOPLE WITH
PERMANENT PHYSICAL DISABILITIES**

The following application is only for individuals with a **PERMANENT PHYSICAL** disability. To be eligible to participate in this hunting program, each individual must complete this application and return it to the Wildlife Section, Alabama Department of Conservation and Natural Resources, 64 North Union Street, Montgomery, Alabama 36130.

PHYSICIAN'S CERTIFICATION

I, _____, certify that _____
has the following **PERMANENT PHYSICAL** disability: _____
_____.

This disability is covered in one or more of the following categories as marked: **(One must be checked)**

- ____ 1. **A PERMANENT PHYSICAL DISABILITY**, is unable to ambulate and requires a wheelchair, walker, one long leg brace or two short leg braces, external prosthesis below knee or above, two canes or two crutches for mobility.
- ____ 2. Has at least **80% PERMANENT IMPAIRMENT** of one hand or arm according to standards outlines in the "Guide to Evaluation of Permanent Impairment Rating" published by the American Medical Association.
- ____ 3. **A PERMANENT PHYSICAL DISABILITY** for which they are considered "totally" disabled under guidelines established by the Veterans' Administration and/or the U. S. Social Security Administration. Approval will not be granted for mental disability.

Describe in **lay terms** the **PERMANENT PHYSICAL DISABILITY**:

Physician's Signature _____ Date _____

Address _____

Phone Number _____

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The applicant's statement must be completed and NOTARIZED.

APPLICANT'S STATEMENT

Name _____ Social Security Number _____

Address _____

Phone: Home _____ Work _____

I certify that all the information provided by both the physician and me is true and accurate.

Signature _____

Sworn to and subscribed before me this the _____ day of _____, 2008.

Notary Public