

Application to Participate in the Deer Hunts on the Hunting Trail for People with Disabilities

This application is only for individuals with a permanent physical disability. To be eligible to participate in this hunting program, each participant must complete this application and return it to: Alabama Department of Conservation and Natural Resources, Wildlife Section, 64 North Union Street, Suite 584, Montgomery, AL 36130. Individuals who do not possess a valid disabled hunting license, a valid disabled military veterans hunting license or documentation from the Veteran's Administration or Social Security Administration that deems them "totally" disabled, must submit a physician certification. **The physician certification will be valid for three years from the date signed, but a copy must be provided with this application.**

Name of Applicant: _____ Last four digits of Social Security # XXX-XX-_____

Address: _____

Home Phone: _____

Alternate Phone: _____

E-mail address: _____

Conservation ID Number: _____

The applicant must check one:

- _____ I possess a valid Alabama physically disabled resident hunting license (a physician certification is not required if you possess a valid physically disabled resident hunting license); or
- _____ I possess a valid Alabama disabled military veteran's appreciation hunting license (a physician certification is not required if you possess a valid disabled military veteran's appreciation hunting license); or
- _____ I possess a valid Alabama hunting license which authorizes me to hunt deer, and provide the completed physician certification; or
- _____ I am exempt from possessing an Alabama hunting license, and provide the completed physician certification; or
- _____ I am considered "totally" disabled by the Veteran's Administration or Social Security Administration's guidelines. (Documentation must be provided with this application.)

*****Please provide a copy of your hunting license with your application. If you are exempt from possessing a hunting license, please provide proof of age and residency, such as a copy of your driver's license. All applications must be notarized below.*****

I certify that the information provided herein is true and accurate.

Signature of Applicant: _____

Date: _____

Sworn to and subscribed before me this _____ day of _____, 2025.

Commission Expires

Notary Public-Signature

(notary seal or stamp here)

Important Note: Administrators of the hunt shall have the right to distribute the hunters and to inspect all vehicles or other equipment while on the areas. The Department of Conservation and Natural Resources and landowners who are making the hunting possible hereby put each hunter on notice that participation in hunts is at the hunter's own risk and the Department of Conservation and Natural Resources and such landowners shall not be responsible for any accidents or injuries that may occur.

Physician Certification

I, _____, certify, that (patient's name) _____
(please check the one that applies below)

- ☐ 1. Has 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 as determined by a physician using the standards outlined in the "Guide to Evaluation of Permanent Impairment Rating," published by the American Medical Association.
- ☐ 3. Has 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.

Describe in layman's terms the permanent physical disability or impairment as it relates to the above: _____

Physician's Signature: _____ Date: _____

Address: _____

Phone Number: (____) _____