



DISABLED BOW PERMIT
APPLICATION FOR HUNTERS WITH DISABILITIES

www.michigan.gov/dnr

Issued under authority of Part 401 of 1994 PA 451, as amended.

DISABLED BOW PERMIT APPLICANT:

Complete sections 1 through 2 and submit to your Physician or licensed/registered Physical/Occupational Therapist for completion of sections 3 through 5.

SECTION 1 - APPLICANT INFORMATION

Form with fields for Name, Street Address, City, State, ZIP, Date of Birth, Height, Weight, County, Telephone, Hair Color, Eye Color, Sex, and Michigan Driver License No. (If none, Michigan ID Card No.)

SECTION 2 - APPLICATION TYPE

APPLICATION FOR PERMIT TO TAKE GAME WITH A MODIFIED BOW OR CROSSBOW

NEW RENEWAL

Applicant is disabled with full use of only 1 upper extremity or unable to hold, aim or shoot conventional archery equipment.

I hereby covenant and agree to indemnify and save harmless, the State of Michigan, its departments, officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to (1) issuance of this permit; (2) the activities authorized by this permit; and (3) the use or occupancy of the premises which are the subject of this permit by the Permittee, its employees, contractors, or its authorized representatives.

A person who violates a condition of a permit issued under this part is guilty of a misdemeanor punishable by imprisonment for not more than 90 days, a fine of not less than \$50.00 or more than \$500.00, or both, and the costs of prosecution.

If a permit is issued, I agree to the terms and conditions as stated on this application.

Signature of Applicant

Date

PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST:

Complete sections 3 through 5 of the Disability Bow Application for Hunters with Disabilities.

SECTION 3 - PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST INFORMATION

Form with fields for Name of Examiner (print or type), Title (Physician, Physical/Occupational Therapist), Address, Registration/License Number, City, State, ZIP, and Telephone

SECTION 4 – EVALUATION

Physician Only – Check the appropriate box

- Amputations** involving body extremities required for stable function to use conventional archery equipment.
- Spinal Cord Injury** resulting in permanent disability to the lower extremities, leaving the applicant permanently non-ambulatory
- Permanent Wheelchair Restriction**
- Other:** Applicant has a disability that renders them unable to use a conventional archery equipment:
Describe in layman’s terms the disability and how the disability prevents the applicant from using conventional archery equipment other than a modified bow or crossbow:

Physician or Physical/Occupational Therapist – Substandard scoring in any area is sufficient proof to grant the permit as referenced on page 2.

- Functional Draw Test**
- Manual Muscle Test**
- Impaired Range of Motion Test**

SECTION 5 – PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST APPROVAL AND CERTIFICATION

Disability Bow Permit

Is the applicant disabled and unable to use conventional archery equipment? Yes No

Is the disability a temporary disability? Yes No _____
Date disability to be ended

Fraudulent certification of disability status could result in a complaint to the Michigan Department of Labor and Economic growth pursuant to MCL 333.16231 for disciplinary review.

Signature of Physician

Date

Signature of Licensed/Registered Physical/Occupational Therapist

Date

Submit this completed and signed application to:

**DISABILITY BOW PROGRAM
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30181
LANSING MI 48909-7681**

FOR MICHIGAN DNR USE ONLY	
DISABILITY BOW PROGRAM	
BY: (For Director, Michigan Department of Natural Resources)	
Permit Issue Date	Permit Expiration Date