



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS, Augusta, ME 04333**  
**Phone 207-287-8000 / Fax 207-287-6395**

**SPECIAL PERMIT APPLICATION TO ACCOMMODATE PERMANENT PHYSICAL DISABILITIES**

In accordance with the provisions of the Revised Statutes, Title 12, Section 10853 §11.

**USE OF CROSSBOW**

THIS APPLICATION MUST BE COMPLETELY FILLED OUT OR IT WILL BE DENIED. PLEASE TYPE OR PRINT LEGIBLY.

**I. APPLICANT TO COMPLETE THIS SECTION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, the undersigned, hereby apply for a special permit to use a crossbow during the expanded archery season in areas open to expanded archery hunting and/or during the muzzleloader season where use of a crossbow is not otherwise prohibited based upon my disability status. By my signature, I attest that I am unable to hunt by regular archery methods because of a physical disability verified by medical evidence in Section II below.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**II. DISABILITY MEDICAL EVALUATION, TO BE COMPLETED BY YOUR PHYSICIAN:**

The above applicant is applying for a disability permit to hunt with a crossbow. State law, at certain times, restricts such permit to persons who have a permanent disability rendering them unable to hunt by conventional archery. This disability must be verified by a licensed physician.

**1. Is this a permanent condition?** (Check one)  YES  NO

If no, please indicate the anticipated duration of impairment.

**2. What aspect of using a bow and arrow is impacted by your patient's disability?**

*(Please check all that apply.)*

holding the bow  pulling the bowstring  holding the bowstring

**3. Describe the disability and why the person is unable to use conventional archery equipment because of this disability.** *(NOTE: A narrative description is required in order for us to be able to process this permit.)*

\_\_\_\_\_  
 \_\_\_\_\_

**I certify that I am a licensed physician, that I have examined the above-named applicant and I verify that this individual is physically unable to hunt by means of bow and arrow due to the disability and conditions described above.**

Physician name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Medical Practice: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Use of Crossbow for Expanded Archery Season/Areas & Muzzleloader Season**  
(Continuation from front.)

**III. PERMIT CONDITIONS:**

The Commissioner may issue Special Permits under Maine law to enhance access for persons who have permanent physical disabilities. A Special Permit is a waiver that allows the person to hunt, trap, or fish in a manner or at a time otherwise prohibited by Maine law, to the extent necessary for safety and access to the sport. The Department may not authorize any special exceptions that endangers public safety and may authorize only the minimum special exceptions necessary to overcome the applicant's permanent disability and allow the applicant to safely hunt, trap or fish.

**NOTE:** *A special permit to hunt with a crossbow is not required if you are age 65 or over.*

1. Permittee must comply with all other applicable laws, rules, regulations and license requirements. Purchase of a crossbow permit is required, in addition to applicable licenses and permits for the season you are hunting in.
2. Special exceptions may not authorize a person to exceed the allowable bag limits for any wildlife species; to take wildlife species for which a license is not otherwise issued; or to hunt in any area permanently closed to those activities by state law or rule.
3. A person may not, while in or on a motor vehicle or in or on a trailer or other type of vehicle being hauled by a motor vehicle, have a cocked and armed crossbow.
4. This special permit also allows a person to hunt with a bow drawn, held or released by a mechanical device (drawlock).
5. Special permits may be issued for the permit holder's lifetime or a specified time period. This permit may be revoked, amended, suspended, or modified at any time for cause, including but not limited to: change in permit laws or rules; change in disability eligibility; or violation of hunting, trespass or archery bow transportation laws.
6. The special permit is not valid until it has been approved by MDIFW. A valid special permit will be mailed to you. Applicants will be notified if the request for special permit is denied.
7. The completed and signed permit application may be mailed, emailed, or faxed to the following:

Maine Department of Inland Fisheries and Wildlife  
Attn: Disability Special Permit Application  
353 Water Street, #41 SHS  
Augusta, ME 04333  
Phone: 207-287-5202; Fax: 207-287-6395  
Email: [info.IFW@maine.gov](mailto:info.IFW@maine.gov)