



## MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

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

The Commissioner may issue Special Permits under Maine law to enhance access for persons who have permanent physical disabilities. A Special Permit 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 Commissioner works with the Disabled Hunter, Trapper, and Angler Advisory Committee to review Special Permits.

For more information about DIFW programs for people who have disabilities, see [http://www.maine.gov/ifw/licenses\\_permits/disabledpersons.htm](http://www.maine.gov/ifw/licenses_permits/disabledpersons.htm) and MRSA 12, SEC. 10853, SUB-SEC. 11.

### **INSTRUCTIONS FOR APPLICATION FORM**

**Question 1. What type of action are you requesting to overcome the impact(s) of your disability?** Please indicate what is needed to overcome the essential functions that are impacted by your disability. Specifically, what do you want to be allowed to do that is not normally permitted so you can hunt, fish or trap?

**Question 2. Describe the type/nature of your permanent disability.** Please be specific about your impairment. A vague response is not enough information to make a decision about your request for accommodation. For example, “heart problem” or “back injuries” are too vague to allow us to assess your level of impairment and its impact on your ability to access hunting, fishing, or trapping opportunities. A more complete response would include a description of the type and severity of a heart problem and or back injury. Only list the specific impairment(s) that are directly related to the accommodation(s) you are requesting.

**Question 3. How does your disability impact your ability to participate in hunting, fishing, or trapping opportunities?** Please state exactly how your impairment(s) impact essential body functions associated with hunting, fishing, or trapping. For example, indicate how your impairment impacts entering or exiting a motor vehicle; standing, maintaining balance, walking, and use of your arms; handling a firearm, bow and arrow, or other equipment; properly identifying your target; tolerating cold weather; or other necessary aspects of hunting, fishing or trapping.

**4. Doctor's Statement.** The applicant is required to submit a signed statement from a licensed physician clearly stating in layman's terms the nature of the disability, the permanence of the disability, and the extent to which the disability affects that person's ambulatory ability or endurance; use of one or both hands, arms, or legs; or sight or hearing.

**5. Sign and date the application.** Submit the signed application form to:

Department of Inland Fisheries and Wildlife  
Deputy Commissioner  
284 State St., 41 SHS  
Augusta, ME 04333-0041  
Tel: 207-287-5202  
TTY callers dial Relay 7-1-1

**Warden's Interview:** Upon receiving the application and doctor's statement, the Department will schedule a meeting with the applicant to discuss the applicant's needs.

**Committee Review:** A final determination will be made following a review of the application and associated information at the next biannual meeting of the Disabled Hunter, Trapper and Angler Advisory Committee.

**Please Note:** The Department may not authorize any special exceptions that endangers public safety and may authorize only the minimum special exception necessary to overcome the applicant's permanent disability and allow the applicant to safely hunt, trap or fish. Special exceptions may not authorize a person to exceed the allowable bag limits for any fish or wildlife species; to fish for or take fish or wildlife species for which a license is not otherwise issued; or to fish, trap or hunt in any area permanently closed to those activities by state law or rule.



**MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE**  
284 State St., 41 SHS, Augusta, ME 04333-0041

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

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Physical address:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Town of Legal Residence:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**PLEASE SEE ATTACHED INSTRUCTIONS.**

**1. What type of action are you requesting to overcome the impact(s) of your disability?**

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**2. Describe the type/nature of your permanent disability.**

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**3. How does your disability impact your ability to participate in hunting, fishing, or trapping opportunities?**

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**4. The applicant is required to submit a statement from a licensed physician.**

**DISABILITY MEDICAL EVALUATION**

**Please stamp or print clearly.**

**PHYSICIAN'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME OF APPLICANT FOR SPECIAL PERMIT** \_\_\_\_\_

**I certify (check box) that the patient whose name appears on this application is currently under my care and has the impairment as stated.**

**DIAGNOSIS:** \_\_\_\_\_

**IS THIS A PERMANENT CONDITION? (Please circle one) YES NO**

If no, please indicate the anticipated duration of impairment.

\_\_\_\_\_

**PATIENT'S IMPAIRMENT AND FUNCTIONAL LIMITATIONS:** Describe the impairment(s) and functional limitations (such as involuntary muscle spasms, loss of strength in arms, range of motion, etc.) *as they are related to* the specific abilities needed to hunt, fish or trap. (Examples: exiting a motor vehicle; standing, maintaining balance, walking, or use of the arms; handling firearm, bow and arrow or other equipment; properly identifying a target.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW SEVERE IS PATIENT'S FUNCTIONAL LIMITATION?** \_\_\_\_\_

Does the impairment prevent the patient from hunting, fishing, or trapping; what adaptive equipment or other accommodation is necessary, e.g. for handling a bow and arrow, or for carrying or using a firearm? PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**5. I certify all of the information provided on this application is accurately stated.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_