



**STATEMENT OF CONFIRMATION FOR MEDICAL DISABILITY
CROSSBOW PERMIT**

North Dakota Game and Fish Department
Licensing Section SFN 6076 (03/2023)

PATIENT INFORMATION:

GNF Customer No.

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| | | | |
|-------------------------------|---------------|-----------------------|------------------|
| Applicant's Full Name: | Phone: | Date of Birth: | |
| Address: | City: | State: | Zip Code: |

I, (signed below) request a permit to use a crossbow in the legal taking of either wildlife or nongame fish in North Dakota, in lieu of a compound, long, or recurve bow, with a minimum draw weight of 35 pounds. I hereby certify that I have not been convicted of any game or fish violations within the past year or under suspension. I also understand I must possess the appropriate valid fishing and/or hunting license in addition to the special crossbow permit.

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| Applicant Signature: | Date: |
|-----------------------------|--------------|

STATEMENT OF MEDICAL CONFIRMATION:

This section can only be completed by: A Licensed Physician, Certified Nurse Practitioner, Certified Physician Assistant, or Licensed Chiropractor.

➔ **Incomplete applications will be denied, and a new application must be submitted.**

Select the following condition(s) of diagnosis that apply to the patient:

- 1. Patient is totally blind, whose central visual acuity does not exceed 20/200 in the better eye with corrective lenses, or in whom the widest diameter of the visual field is no greater than 20 degrees.
- 2. Patient is paraplegic.
- 3. Patient has lost the use of one or both arms caused by a birth defect, injury, or disease and is incapable of using a compound, long or recurve bow with a minimum draw weight of 35 pounds.

Select one of the following medical conditions:

- 1. Medical condition where there is a reasonable expectation of recovery.
- 2. Medical condition for which there is no reasonable expectation of recovery.

Describe the patient's medically diagnosed disability or injury in DETAILED, LEGIBLE TERMS. See *Physical conditions on Page 2. (Physical condition relating completely to the comfort level, strength or age of applicant are not acceptable criteria for this permit.)*

By signing below, I acknowledge the information provided on this form is factual and accurate.

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| Licensed Physician/CNP/CPA/Chiropractor Signature: | Date: |
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|--------------------|------------------------|
| Print Name: | Name of Clinic: |
| Title: | Address: |
| Phone: | |



1. Permits and their associated length of issuance are based on whether the applicant's medically diagnosed injury or disability is recoverable or long term(permanent). Permanent injury or disability conditions will have to renew their permits every 5 years and require physician certification on a new application form.
2. Physical Conditions relating completely to the comfort level, strength, or age of the applicant are not acceptable criteria for issuance of this permit. Pain alone is not an applicable criterion for this permit.
3. The physical condition must be serious to render the person unable to hunt with archery equipment as defined below. The average compound bow weighs 5-7 lbs. and should not be confused with the draw weight of the bow string.
 - Many physicians and chiropractors have found that the following conditions render individuals incapable of using a compound, long or recurve bow with a minimum draw weight of 35 pounds: ***amputation of arm or hand, chronic dislocating shoulder, paralysis, severe chronic rotator cuff injury, severe upper extremity arthritis, or other serious medical condition which makes use of a compound, long, or recurve bow with a minimum draw weight of 35 pounds to be impossible.***
4. If the person applying for this special permit is applying on the premise of being blind, they must furnish the description of the property(s) on which they will be using the permit.
5. This application for a special permit will be considered by the Director or their designee only when fully completed, signed by the applicant, and signed by a Licensed Physician, Certified Nurse Practitioner, Certified Physician Assistant, or Licensed Chiropractor.
6. **Penalty note for Signatures:** An individual certifying to or providing false information to the Director, for the purposes of obtaining this permit, is guilty of a misdemeanor.
7. Permit holders are responsible for renewing their applications in a timely matter. Typical processing time is 7-10 business days depending on the season/time of year.
8. **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, a change in disability or injury eligibility, or violation and conviction of North Dakota Game and Fish laws.**