

# Hunting or Trolling Disability Permit Authorizations Application

Form 9400-604 (R 01/19)

**Notice:** Use of this form is required by the DNR for any application filed pursuant to ss. 29.193, Wis. Stats. The DNR will not consider your application unless you ensure it is complete and accurate. Personally identifiable information provided may be used to determine identity of the applicant, participation in natural resources surveys, eligibility for approvals and other enforcement purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**Application must be filled out completely AND legibly.** Application must be received within six months after the health care provider(s) sign(s) and complete(s) the application. Allow up to four weeks for review. Questions related to these permits for **disabled persons can be directed to the Wisconsin DNR Call Center, 1-888-936-7463.**

## Health Care Provider Information Required

The Health Conditions Sections(s) of this application must also be completed and signed by the health care provider indicated here. Per ss. 29.193, Wis. Stats., only signatures from a LICENSED PHYSICIAN (MD/ DO), PHYSICIAN ASSISTANT (PA), ADVANCED PRACTICE NURSE PRESCRIBER (APNP), CHIROPRACTOR (DC), PODIATRIST (DPM), and OPTOMETRIST (OD) are accepted. Please see page 4 for more information on the different permits.

### Physician, Physician Assistant, Advanced Practice Nurse Prescriber, Chiropractor, Podiatrist or Optometrist Information

I am a licensed Physician, Physician Assistant, Advanced Practice Nurse Prescriber, Chiropractor, Podiatrist or Optometrist and I **have personally examined** the individual named below as "Applicant." By my signature I **do certify under penalty of perjury of the law**, the applicant has a medical condition I have indicated on this form. I am an authorized health care provider for the qualifying health conditions that I have signed next to on page 2 or 3 of this application.

Name (Print)		Medical License Number and State	
Address	City	State	ZIP Code
Phone Number	FAX Number	Email	
Signature of Physician, Physician Assistant, Advanced Practice Nurse Prescriber, Chiropractor, Podiatrist or Optometrist <b>X</b>			Date <b>X</b>

### Applicant Information - REQUIRED

The information I have provided is complete and accurate. I understand that willfully submitting false information subjects applicants to prosecution under the laws of the State of Wisconsin. I hereby authorize the Wisconsin Department of Natural Resources to examine all medical records regarding my disability.

Last Name	First	MI	Date of Birth (MM/DD/YY)	
DNR Customer ID or Social Security Number*	Driver's License Number		Issued by the State of	
Mailing Address	City	State	ZIP Code	
Daytime Phone Number	Email			
Gender: <input type="radio"/> Male <input type="radio"/> Female	Height ft. in.	Weight lbs.	Hair Color	Eye Color
Signature of Applicant <b>X</b>			Date <b>X</b>	

\*A social security number or federal employer identification number is REQUIRED (if the DNR Customer ID is not known) when applying for a license according to Chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Children & Family or the Department of Revenue.

**Additional medical provider information required on Page 2 or Page 3.**

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Applicant \_\_\_\_\_

APPLICANT'S PHYSICAL DISABILITY IS:  Irreversible/Permanent OR  
**(Required)**  Temporary with expected return to normal activities within: \_\_\_\_\_ months OR \_\_\_\_\_ year(s)

Complete only the section(s) relating to the applicant's condition by checking-off and signing the appropriate line. Physical conditions relating completely to the **comfort level of the applicant, or pain in and of itself, are not acceptable criteria** for the issuance of a permit.

**THIS PAGE IS TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDERS ONLY.**

<p><b>Ambulation and Mobility:</b> (Class A or Class B Shoot from Vehicle permits)                  Authorized signer must check eligibility criteria that apply and sign in column at right.</p>	<p><b>ONLY (MD, DO, PA, APNP, DC OR DPM) SIGNATURES ACCEPTED IN THIS SECTION.</b></p>
<p><b>Applicant suffers from lung disease</b> to the extent that: forced expiratory volume for one second when measured by spirometry is less than one liter OR the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, DC or DPM</p>
<p><b>Applicant suffers from cardiovascular disease</b> to the extent that functional limitations are classified in severity as Class 3 or 4 according to standards accepted by the American Heart Association.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, DC or DPM</p>
<p><b>Applicant requires at least one of the following mobility aids AT ALL TIMES</b> and is unable to walk a distance of 50 feet without this assistance regardless of ground surface:</p> <ul style="list-style-type: none"> <li>• A wheel chair, scooter or a power-driven mobility device OR</li> <li>• ONE leg brace or ONE external prosthesis ABOVE THE KNEE OR</li> <li>• TWO leg braces or TWO external prosthesis BELOW THE KNEES OR</li> <li>• walker, two crutches or two canes</li> </ul>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, DC or DPM</p>
<p>Applicant has a casted leg, hip or back, or any part thereof due to a temporary disability which restricts ambulation or mobility due to injury or operative procedure.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, DC or DPM</p>
<p>Applicant has had leg, hip or back surgery <b>within the past 12 months</b> which continues to restrict ambulation or mobility and is <b>unable to walk a distance of 50 feet safely.</b></p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, DC or DPM</p>
<p>Applicant does NOT have any medical condition or disease that would prevent him or her from walking a distance of 50 feet safely.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, DC or DPM</p>
<p><b>Upper Body Functionality:</b> (Class D, Trolling, Class B Trolling permits)                  Authorized signer must check eligibility criteria that apply and sign in column at right.  <b>Name of test used and score</b> must be listed OR submitted separately.</p>	<p><b>ONLY (MD, DO, PA, APNP or DC) SIGNATURES ACCEPTED IN THIS SECTION.</b></p>
<p>Applicant has substantial loss of function or range of motion in one or both arms, hands or shoulders AND FAILS to meet the minimum standards of any one of the following standard tests – upper extremity pinch, grip, nine-hole peg test – administered under the direction of one of the authorized signers. (INDICATE HERE THE TEST USED AND APPLICANT'S SCORE OR ATTACH TEST RESULTS)</p> <p>Applicant is:</p> <p><input type="radio"/> Right hand dominant Name of Test Used: _____</p> <p><input type="radio"/> Left hand dominant Score of: _____ out of: _____</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, or DC</p>
<p>Applicant has an amputation or other loss of one or both arms above the wrist.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, or DC</p>
<p>Applicant is unable to place his or her non-dominant hand or prosthesis in a position that is level with his or her shoulders and at a minimum distance of 27 inches from his or her body OR is unable to hold a 5-pound weight for 10 seconds when that person's non-dominant hand or prosthesis is in that position. Or, applicant is unable to place dominant hand or prosthesis in a position that is level with shoulders at a minimum distance of 11 inches from body.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, or DC</p>
<p>Applicant has an amputation or other loss of one or both arms at or above the elbow.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, or DC</p>
<p>Applicant does NOT have any medical condition or disease which would prevent him or her from holding a firearm or using oars to row a boat.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, or DC</p>
<p><b>Visual Impairment:</b> (Class C or Trolling permits)                  Authorized signer must check eligibility criteria that apply and sign in the column at right.</p>	<p><b>ONLY SIGNATURES INDICATED BELOW ARE ACCEPTED IN THIS SECTION.</b></p>
<p>Applicant's central visual acuity does not exceed 20/200 in the better eye with correcting lenses or a visual field that subtends an angle no greater than 20 degrees.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, PA, APNP, or OD</p>
<p>Applicant has sight impairment to the degree that he or she cannot read ordinary newspaper print with or without corrective glasses.</p>	<p><input type="checkbox"/> _____                  Signature of MD, DO, or OD</p>

# Hunting or Trolling Disability Permit Authorizations Application

Form 9400-604 (R 01/19)

Applicant \_\_\_\_\_

APPLICANT'S PHYSICAL DISABILITY IS:  Irreversible/Permanent OR **(Required)**  Temporary with expected return to normal activities within: \_\_\_\_\_ months OR \_\_\_\_\_ year(s)

**Physician's Narrative** (Class B Shoot from Vehicle and/or Class B Trolling Permits)  
 If health condition is not covered in the categories listed on page 2, please complete one of the below related questions and write the primary diagnosis and describe the condition **(in layman's terms)**.  
 • Based on statutory guidelines, the Department may issue a Class B permit(s) based on the applicant's medical condition(s). **Physical conditions relating completely to the comfort level of the applicant, or pain in and of itself are not criteria for the issuance of the permit.**  
 Authorized signer must write diagnosis and complete one of the related questions below and sign in the column on the right.

**ONLY (MD, DO, PA, APNP, DC) SIGNATURES ACCEPTED IN THIS SECTION.**

**If applicant's disability relates to ambulation and mobility:**  
 Does the applicant have a physical disability (not pain related) that prevents them from walking a distance of 50 feet regardless of ground surface?  
 (Provide diagnosis below.)  Yes  No

\_\_\_\_\_  
 Signature of MD, DO, PA, DC or APNP

**If applicant's disability relates to upper body functionality:**  
 Does the applicant have a substantial loss of function or range of motion in one or both arms, hands or shoulders?  Yes  No  
**If yes:** Please provide the information for one of the required standard tests (upper extremity, pinch, grip, nine-hole peg) and failing test score.  
 Applicant is:  
 Right hand dominant Name of Test Used: \_\_\_\_\_  
 Left hand dominant Score of: \_\_\_\_\_ out of: \_\_\_\_\_  
 (Provide diagnosis below.)

\_\_\_\_\_  
 Signature of MD, DO, PA, DC or APNP

**Diagnosis in Layman's Terms:**

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Leave Blank – DNR Use Only			
<input type="radio"/> Denied <input type="radio"/> Approved <input type="radio"/> Pending	Permit Type	Transaction Number	
Customer ID #	Date of Birth	Date Reviewed/Issued	Expiration Date
Method Received: <input type="checkbox"/> Mail <input type="checkbox"/> Counter <input type="checkbox"/> FAX <input type="checkbox"/> Email			Reviewed By

Health care providers can return the completed, signed application directly to the DNR.

Completed application can be submitted by  
 Fax: 608-261-4380  
 email: CSWEB@wisconsin.gov  
 Mail: DNR Disabled Permit Applications – CS/1  
 P.O. Box 7924 Madison, WI 53707-7924

# Hunting or Trolling Disability Permit Authorizations Application

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## Outdoor Opportunities for Those With Disabilities

Wisconsin law provides a variety of hunting, fishing, and recreational use permits designed to help people with disabilities enjoy the state's natural resources. The following information is important if you have a permanent or temporary physical disability, or if you are legally blind. For complete legislation pertaining to disabled permits, refer to ss. 29.193, Wis. Stats.

**Shoot From Vehicle:** Designed to provide hunting opportunities to people who need physical or mechanical assistance for mobility or suffer from a cardiovascular or lung disease. It may also be issued to applicants who had foot, ankle, leg, hip or back injuries or surgical procedures within the twelve months prior to applying, or suffer from other health conditions that impact their ability to safely ambulate a distance of 50 feet, regardless of ground surface. Health conditions will determine the type of permit issued. Initial Class A permits are valid for a period of five years. Upon renewal, the Class A permit is valid for a 10 year period. Class B permits are issued for the period of time leading up to the applicant's anticipated return to normal activities, or up to five years. **Only licensed Physicians, Chiropractors, Podiatrists, Physician Assistants, and Advanced Practice Nurse Prescribers are authorized to sign off for a Shoot from Vehicle Permit.**

**Use of a Laser Sight:** Issued to applicants who are considered "Legally Blind" as defined in s. 47.01(1), Wis. Stats. Permit holders are allowed to use a laser sight on their firearm, bow or crossbow and are **REQUIRED** to be accompanied by a hunter's assistant who is not eligible for this permit. The initial permit is valid for five years. Upon renewal the permit is valid for a 10 year period. **Only licensed Physicians, Physician Assistants, Advanced Practice Nurse Prescribers, or Optometrists are authorized to sign off for a Use of a Laser Sight permit.**

**Electric Trolling Motor:** Issued to applicants who have temporary or permanent substantial loss of function or range of motion in on or both arms, hands or shoulders **AND FAILS** to meet the minimum standards of any one of the following standard tests – upper extremity pinch, grip, and nine-hole peg test – administered under the direction of one of the authorized signers. **OR** has an amputation or loss of one or both arms above the wrist. **Only licensed Physicians, Physician Assistant, and Advanced Practice Nurse Prescriber and Chiropractors are authorized to sign off for a Fish with Electric Trolling Motor permit issued due to upper body disabilities.**

Electric Trolling Motor permits are also issued to applicants whose sight is impaired to the degree that he or she cannot read ordinary newspaper print with or without corrective glasses, when submitted by a **Licensed Physician or Optometrist**. Permit holders are allowed to troll for fish while using an electric trolling motor on all inland waters of Wisconsin. Persons in the same boat as the permit holder are also allowed to troll.

**Use of an Adaptive Device on a Firearm:** Issued to applicants with an amputation or other loss of one or both arms at or above the elbow **OR** permanent substantial loss of function or range of motion in one or both arms, or one or both hands, or one or both shoulders, **AND FAILS** to meet the minimum standards for any one of the following tests - upper extremity pinch, grip, nine-hole peg test, average range of motion shoulder test - administered under the direction of one of the authorized signers.

**IN ADDITION**, the applicant would be unable to place their hands or prosthesis in a position that is level with the shoulders and at a minimum distance of 27 inches from their body **OR** is unable to hold a five-pound weight for 10 seconds when that person's non-dominant hand or prosthesis is in that position **OR** unable to place dominant hand or prosthesis in a position that is level with shoulders at a minimum distance of 11 inches from body.

This permit allows the holder to use an adaptive device to shoot a gun, such as a gun stand or modified trigger mechanism. **Only licensed Physicians, Physician Assistant, and Advanced Practice Nurse Prescriber and Chiropractors are authorized to sign off for an Adaptive Device of Firearm permit.**

**Hunter's Assistants:** The holders of any of these disabled hunter permits may be accompanied by a person who is not eligible for a disabled hunter permit. The assistant may not hunt or carry a firearm, bow, or crossbow unless that person has been issued the appropriate approval. The help rendered by this person is limited to field dressing, tagging, and retrieving game for the permit holder.

### 2015 NR20.03 (40) - EXPANDED TROLLING OPPORTUNITY

**All individuals who can legally fish will have expanded trolling opportunities regardless of physical ability.**

Effective July 1, 2015, trolling will be allowed on all inland waters with 1 hook, bait or lure per angler and with 2 hooks, baits or lures maximum per boat. In addition, trolling is allowed with up to 3 hooks, baits or lures per angler in many counties and waters. Local ordinances, restricting motor use still apply.

### 2013 Wisconsin Act 61 - EXPANDED CROSSBOW OPPORTUNITY

**All hunters are eligible to purchase a crossbow license to hunt with a crossbow during the crossbow season regardless of age or ability.**

Act 61 rescinds crossbow privileges that accompanied all previously issued disabled hunter permits. Since 2014, hunters who wish to use a crossbow must purchase a crossbow, crossbow upgrade, or patron license to exercise their crossbow privileges.

**For questions on either opportunity, visit the website [dnr.wi.gov](http://dnr.wi.gov) and search keywords "disabled hunter permits" or contact the DNR Call Center at 1-888-936-7463.**