



**WEST VIRGINIA DIVISION OF NATURAL RESOURCES
LICENSE SECTION**

**APPLICATION FOR CLASS Q SPECIAL HUNTING/FISHING PERMIT
FOR PERSONS DISABLED IN LOWER EXTREMITIES**

NOTICE: You must submit this application in full or you will not be considered for a Class Q Permit.

NOTICE: A Class Q Permit does not exempt an individual from obtaining the required Hunting, Fishing or Trapping Licenses.

For the purpose of securing authorization to possess a Class Q Permit, I attest that I am permanently and totally disabled due to paralysis or disease in the lower half of the body, which makes it impossible to ambulate successfully more than two hundred feet without assistance.

Further, I authorize my Physician / APRN to furnish medical records regarding my disability, as may be required by the Division in order to determine my qualification for this permit. I release my Physician / APRN from any liability or any damages whatsoever in furnishing my medical records.

The following is my true description:

Name (please print): _____ Email: _____

Date of Birth: _____ Social Security #: _____ Daytime Telephone #: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Address: _____
(Street, PO Box, or Route) City State Zip County

Applicant Signature: _____ Date: _____

A Class Q permit entitles the holder to hunt from a motor vehicle and to possess a loaded firearm in a motor vehicle, but only under the following circumstances:

- (1) The motor vehicle is stationary;
- (2) The engine of the motor vehicle is not operating;
- (3) The permittee and one individual, whom is at least sixteen years of age, to assist the permittee are the only occupants of the vehicle;
- (4) The individual assisting the permittee may not hunt with a firearm, bow or crossbow while assisting the permittee;
- (5) The vehicle is not parked on the right-of-way of any public road or highway; and
- (6) The permittee observes all other pertinent laws and regulations.

**WEST VIRGINIA DIVISION OF NATURAL RESOURCES
LICENSE SECTION
DISABILITY MEDICAL EVALUATION**

The following must be completed by a Licensed Physician / APRN

PLEASE PRINT OR STAMP CLEARLY, if not legible the application will not be accepted:

Physician / APRN Name: _____ Title: _____

Address: _____
(Street, PO Box, or Route) City State Zip

Telephone #: _____ Fax #: _____
(include area code) (include area code)

1. I understand that as stated in Legislative Rule 58CSR46 paragraph 2.7, as it relates to hunting, fishing and trapping, "An individual permanently disabled in the lower extremities", means an individual who is permanently and totally disabled due to paralysis or disease in the lower half of the body, which makes it impossible to ambulate successfully more than two hundred feet without assistance.

Does this patient meet the requirements as stated in the above Rule?

Yes No

2. If yes, what type of assistance is used? (Check all that apply)

Wheelchair Canes Walker Crutches
Prosthesis Other: _____

3. How severe or substantial is this functional limitation? _____

4. In your opinion, does the impairment prevent the person from carrying out essential functions associated with hunting, fishing or trapping?

Yes No

If yes, please explain: _____

5. If applicable: Does the patient's impairment prevent him/her from handling a firearm or bow and arrow without the aid of adaptive equipment? (i.e. involuntary muscle spasms, loss of strength in arms, range of motion, etc.)

Yes

No

If yes, please explain: _____

I certify that the patient whose name appears on this application is currently under my care and has the impairment stated.

Physician / APRN Signature

Date

Print Physician / APRN Name

Applicant Name Signature

Date

Print Applicant Name

**Send completed application, with original signatures to:
West Virginia Division of Natural Resources
Attn: License Section
324 Fourth Avenue South Charleston, WV 25303**