



State of West Virginia Division of Natural Resources
License Section

MODIFIED BOW PERMIT

Section I: This section to be completed by applicant.

Name: _____
Last First Middle Initial

Address: _____
Street, P.O. Box, Route, etc. City State Zip

Social Security Number: _____ Telephone: () _____

I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief, and that I have not failed to meet child support obligations as defined in WV Code §48-5A, and that I realize that making a false statement may result in loss of my license(s).

Signature of Applicant Date

Section II: Authorization to Release Information.
(Must be completed and signed in order to be eligible for this permit.)

I hereby authorize any West Virginia Conservation Officer bearing this release to obtain information, including medical records, regarding my impairment to use a modified bow. I execute this release with full knowledge and understanding that information released under the terms of this release is for the official use of the Division of Natural Resources (hereinafter, DNR). I hereby grant my consent for DNR to furnish such information to third parties in the course of DNR fulfilling its official responsibilities.

I authorize the Physician / APRN listed below to release medical information regarding my impairment that requires me to use a modified bow. I hereby release said Physician / APRN, the institution or establishment he or she represents, and its employees, agents and anyone else acting on its behalf, and the DNR and its employees, from any and all claims, liability or damages of any nature that may result from furnishing the information requested by DNR.

A copy of this authorization document shall be as valid as the original. This release will expire six months from the date signed.

Signature of Applicant Signature of Witness

Date Date

Physician's / APRN's Certification

Section III: This section may only be completed/signed by a licensed Physician / APRN.

I certify that the above named applicant requires the use of a modified bow in order to be able to participate in the outdoor sport of archery hunting. Describe the impairment that requires the use of a modified bow: _____

Is this impairment: Permanent? Temporary? (Valid from: _____ to _____)

Medical or DO License Number: _____ Date: _____

Physician / APRN Name: _____ Telephone: () _____
(Please Print)

Address: _____
Street, P.O. Box, Route, etc. City State Zip

I understand that furnishing false information for any license or permit may subject me to the penalties provided in the West Virginia Code, Chapter 20 [§20-7-9].

For DNR Use Only:
License Section # _____

Physician / APRN Signature Date

This permit allows the applicant to make use of a long bow, recurved bow, or compound bow that has been modified, or manufactured, to hold the bow at full draw to accommodate a physical impairment.

INSTRUCTIONS

PLEASE PRINT LEGIBLY

1. The first section is to be filled in by the applicant and signed, certifying that the application is true and correct and that the applicant does not owe any back child support as required by law.
2. The second section is a Release of Information that permits the DNR to obtain medical records regarding the applicant and his or her impairment. This section must be signed in order for the application to be valid.
3. The third section is to be completed/signed by a licensed Physician / APRN certifying that the applicant requires the use of a modified bow in order to archery hunt. The form **MUST** be completed and dated within the six month period immediately prior to the application being submitted to the DNR.
4. After validation by the DNR, this form must be in the possession of the applicant, accompanied by a valid hunting license, or the applicant must be otherwise exempt from the license requirement.
5. Mail the completed form to:
Division of Natural Resources
License Unit
324 Fourth Ave
South Charleston, WV 25303

NOTE:

This special permit to use a modified bow is available to residents and non-residents alike.