

Send completed application to:

**West Virginia Division of Natural Resources
License Section
Room 627, Bldg. 3, Capitol Complex
Charleston WV 25305**

For Official Use Only	
Issued By: _____	Date: _____
Class Y Permit No.: _____	

APPLICATION FOR A CLASS Y CROSSBOW PERMIT

(APPLICATION MUST BE SUBMITTED WITHIN SIX (6) MONTHS OF DOCTOR'S CERTIFICATION)

For the purpose of securing authorization to hunt with a crossbow, I attest that I have a permanent physical impairment which renders me so disabled as to be unable to use a conventional bow and arrow device.

Further, I authorize my physician 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 from any liability or any damages whatsoever in furnishing my medical records. A photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

***NOTICE: If you do not complete the application in full, you will not be considered for a crossbow permit.**

The following is my true description:

Name (Printed): _____ Date of Birth: _____ Social Security Number: _____

Street (or mailing) Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

Signature: _____ Date: _____

<p><u>Class Q Permit Holders</u></p> <p>Do you hold a Class Q Permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Current Class Q Permit Number: _____</p> <p>If yes, disregard the remainder of this application and submit it to the address listed at the top of this form.</p>

The Class Y Permit is your authorization to hunt with a crossbow and only applies to the taking of game species during the seasons open to crossbow hunting. You are required to carry the Class Y Permit with you while exercising this privilege and must present it to any law enforcement officer upon request.

The Class Y Crossbow Permit must be accompanied by a valid hunting and/or fishing license and any stamps necessary to participate in the designated season.

THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN:

I, _____, certify that I have administered all appropriate tests to assess the applicant's physical impairment.

Applicant's impairment must meet at least one of the following criteria described in Item 1 or 2:

1. Applicant has **permanent and substantial loss of function** in one or both hands and fails to meet the minimum standards of the upper extremity pinch, grip and nine-hole peg tests.

___ Passed ___ Failed

2. Applicant has **permanent and substantial loss of function** in one or both shoulders and fails to meet the standards of the standard shoulder strength test.

___ Passed ___ Failed

Pursuant to results obtained from administration of applicant's assessment test, I do hereby swear and affirm, under penalty of perjury, that I have personally examined the above named individual, and that by reason of his/her permanent disability, he/she is physically unable to use a conventional bow and arrow device, and would be deprived of the privilege of hunting if not permitted to hunt with a crossbow.

Physician's Name (printed): _____

Street (or mailing) Address: _____

City: _____ County: _____ State: _____ Zip: _____

License Number: _____ Office Phone: _____

Physician's Signature: _____ Date: _____

