

Section 1: Applicant Information*To be filled out by hunter applicant*

Name: _____	Date of Birth: _____	
Email: _____	HAL ID: _____	
Address: _____		
City: _____	Postal Code: _____	
Phone: Home: _____	Work: _____	Cell: _____

Permit is requested to:

- a) Discharge firearm from a passenger vehicle
- b.1) Operate a passenger vehicle off roads and trails in Saskatoon Wildlife Management Zone
- b.2) Operate a passenger vehicle off roads and trails in Regina/Moose Jaw WMZ
- b.3) Operate a passenger vehicle off roads and trails in Community Pastures within
_____ Wildlife Management Zones
- c) Use a motorized wheelchair
- d) Hunt with a crossbow during archery season

Section 2: GENERAL INFORMATION

For all permits:

- The attached medical information must be completed by a Physician or Nurse Practitioner in order to confirm that the applicant is physically able to hunt and safely handle/discharge a rifle, muzzleloader, shotgun or crossbow.
- The Ministry of Environment is committed to providing high quality, fair chase hunting experiences for all hunters; permits will not be issued that provide unfair advantages over other hunters.

For discharging a firearm from a passenger vehicle:

- This permit only authorizes the discharge of a firearm from a stationary vehicle and does not allow the contravention of any other regulations.
- Permittee cannot have a loaded firearm in a vehicle when in motion.
- Permittee cannot hunt alone, and must be accompanied by a person capable of tracking wounded game and/or retrieving the animal.
- The permittee must have a valid hunting licence for the area.

Driving a vehicle off roads and trails:

- This permit only authorizes vehicle use off roads and trails once landowner or pasture manager permission has been obtained and does not allow the contravention of any other regulations.
- No vehicle use off roads or trails is allowed prior to one hour after sunrise.
- This permit is not valid on Fish and Wildlife Development Fund lands; retrieval of legally taken big game animals with a vehicle is allowed.
- A non-hunter is able to accompany the hunter but must abide by the hunter dress requirements.
- The permittee must have a valid hunting licence for the area.

Use of a motorized wheelchair authorization:

- This permit only authorizes the permittee to carry and discharge a firearm from a stationary wheelchair and does not allow the contravention of any other regulations.
- Permit allows for the use of a motorized wheelchair and does not apply to any other vehicle.
- Permitted motorized wheelchairs must be a commercially available product and cannot be modified.
- Wheelchair must be equipped with a seat belt which must be used at all times.
- Permittee must wear a helmet at all times. Helmet must meet hunter dress requirements and comply with the standards of BSI, CSO, DOT, SNELL, ECE or ANSI.
- A high visibility placard must be affixed to the rear of the wheelchair and be clearly visible at all times.
- Permittee must have written landowner permission to hunt.
- Permittee must have the firearm encased at all times when the wheelchair is in motion.
- Permittee cannot carry a loaded firearm while the wheelchair is in motion.
- Permittee cannot hunt alone at any time during hunting activities. Applicant must be accompanied by at least one additional person capable of tracking wounded game and/or retrieving the animal.
- Accompanying individuals must remain within 25 metres of the permittee at all times and abide by hunter dress requirements.
- Accompanying individuals are not permitted to utilize the wheelchair for any reason. This includes carrying equipment or to use as a means of conveyance.
- The permittee must have a valid hunting licence for the area.

For hunting with a crossbow in archery season:

- This permit only authorizes the use of a crossbow in an archery only season and does not allow the contravention of any other regulations.
- Conventional archers may accompany permit holder
- The permittee must have a valid hunting licence for the area.

Failure to comply with any of the above conditions will render the permit null and void.

Section 3: MEDICAL INFORMATION

(must be completed by a Physician or Nurse Practitioner)

Please be advised this information is for the purposes of determining the applicant's suitability for an exemption to certain hunting regulations.

Is the applicant physically and safely able to hunt, including riding in or operating a motor vehicle or motorized wheelchair?

Yes No

Is the applicant able to safely handle and discharge a rifle, muzzleloader, shotgun or crossbow?

Yes No

Medical name(s) of disabling condition:

In layman terms, please describe how this condition impairs the applicant's upper or lower body mobility:

Select one of the options below:

Mobility Impairment

The applicant is permanently confined to a wheelchair resulting in mobility or health issues that prevent or impair him or her from safely entering or exiting a vehicle with a firearm and/or walking over natural terrain (uneven, vegetated ground) without assistance or significant risk to health or safety.

Note: Use of a motorized wheelchair permits will be considered for persons with permanent mobility restrictions caused by paraplegia, hemiplegia, above the knee amputation, orthopedic disorders, neuromuscular disorders (e.g. muscular sclerosis, cerebral palsy), strokes, skeletal conditions (e.g. fractures), cardio-pulmonary disease or other conditions that meet the requirements above.

Mobility Impairment (continued)

- The applicant has severe mobility or health issues that prevent or impair him or her from safely entering or exiting a vehicle with a firearm and/or walking over natural terrain (uneven, vegetated ground) without assistance or significant risk to health or safety; and
- a) is confined to a wheel chair, or
 - b) requires a walker, or
 - c) has a leg prosthesis due to an above the knee amputation, or
 - d) must use two crutches or two canes.

Note: Shoot from a passenger vehicle permits will be considered for persons with serious mobility restrictions caused by paraplegia, hemiplegia, above the knee amputation, orthopedic disorders, neuromuscular disorders (e.g. muscular sclerosis, cerebral palsy), strokes, skeletal conditions (e.g. fractures), cardio-pulmonary disease or other conditions that meet the requirements as described in sections 'a, b, c or d' above.

- The applicant does not have serious mobility or health issue; and is able to safely enter or exit a vehicle, and does not require a wheel chair, walker, crutches or canes in order to walk over natural terrain. (Applicant should not be considered for a permit to discharge a firearm from a passenger vehicle or use of a motorized wheelchair)

- The applicant has significant mobility or health issues however he or she is safely able to enter or exit a vehicle with a firearm but unable to walk short distances (50 meters or more) over natural terrain (uneven, vegetated ground) without assistance and without great difficulty or danger to their health and safety; and
- a) requires a single crutch or a cane.

Note: Roads and trails permits will be considered for persons with significant mobility restrictions caused by below the knee amputation, orthopedic disorders, neuromuscular disorders (muscular sclerosis), strokes, skeletal conditions (fractures), cardio-pulmonary disease or other conditions that meet section 'a' above.

- The applicant does not have significant mobility or health issue and does not require a crutch or cane in order to walk over natural terrain. (Applicant should not be considered for a permit to drive a vehicle off roads and trails)

Upper Body Impairment

The applicant has significant mobility or strength issues involving an upper limb which prevents them from pulling or drawing back a hunting bow without great difficulty or danger to health and safety. He or she has a permanent physical condition, injury or disability which prevents the applicant from exerting a sustained and repeatable force of 18 kg (40 lbs.) with the upper body. (Applicant should be considered for a permit use a crossbow)

The applicant is able to exert a sustained and repeatable force of 18 kg (40 lbs.) with the upper body. (Applicant should not be considered for a permit to use a crossbow)

For all of the above, is the disability permanent? Yes No

If no, how long will the condition last: _____ months

Comments:

Healthcare Professional Name and Address

Full Name: _____ Phone Number: _____

Address: _____

City: _____ Province or State: _____

I have examined the applicant and hereby certify that the information is an accurate assessment of the applicant's physical disability.

Signature of Healthcare Professional: _____

Date: _____ Professional Designation: Physician Nurse Practitioner

Healthcare Professional Stamp/Label

Note: Confirmation by a physician that the applicant meets the set criteria will be beneficial to the review of the permit application. The applicant is responsible for any medical costs incurred in this application process. Any information obtained will be held in confidence. The Ministry of Environment will only issue a permit after review of information on this application, physician assessment and other relevant information

Section 4: CONSERVATION OFFICER'S RECOMMENDATIONS

Comments:

Name /Officer #: _____

Signature: _____ Date: _____