



### APPLICATION FOR DISABLED PERSONS ARCHERY HUNTING PERMIT

Before completing this application please read Idaho Code 36-409(a) and Commission Regulation IDAPA 13.01.04.304 printed on the reverse side. Please complete, sign and return this application with an issuance fee payment of \$1.75 to any Department office listed on the reverse side of this application for issuance of a Disabled Persons Archery Hunting Permit. Please type or print legibly. **A DOCTORS CERTIFICATION ON THIS FORM IS REQUIRED.**

I, \_\_\_\_\_  
Name - First, Middle Initial and Last Social Security No. (Required By Law)

Mailing Address City State Zip Code Telephone No.

Physical Address (If different than above) City State Zip Code

Sex Birthdate Eye Color Hair Color Driver's License No. Driver's License Issue Date Current Year's Hunting License No.

hereby make application for an IDAHO DISABLED PERSONS ARCHERY HUNTING PERMIT. I affirm that I am capable of holding and firing, without assistance from other persons, a crossbow, that I have read Idaho Code 36-409(a) and IDAPA 13.01.04.304, and that I qualify for this permit with the following disability because I have lost or lost the use of one (1) or both arms or hands.

Signature of Applicant

Date

RESIDENTS OF IDAHO ARE NOT REQUIRED TO HAVE THEIR SIGNATURE NOTARIZED.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On this day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public for the state of \_\_\_\_\_, personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the within instrument, and acknowledge to me that \_\_\_\_\_ executed the same.

IN WITNESS WHEREOF, I have here unto set my hand and affixed my official seal the date and year first hereinabove written:

Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission expires \_\_\_\_\_

ANY PERSON WILLFULLY MAKING FALSE STATEMENTS IN THIS APPLICATION SHALL BE GUILTY OF A CRIMINAL MISDEMEANOR AND THE PERMIT ISSUED TO SUCH APPLICANT SHALL BE VOID AND OF NO EFFECT FROM ITS DATE OF ISSUANCE.

### DOCTOR'S CERTIFICATION

I do hereby certify that the above named applicant is disabled as checked above and defined in Idaho Code 36-409(a); the applicant is capable of holding and firing, without assistance from other persons, a crossbow; and I am a physician licensed to practice in the United States or Canada.

Doctor's Name - (Type or Print Legibly) City State

Doctor's Signature

PHYSICIANS NOT LICENSED TO PRACTICE IN IDAHO MUST SEND A PHOTOCOPY OF THEIR MEDICAL LICENSE OR HAVE THEIR SIGNATURE NOTARIZED BELOW.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On this day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public for the state of \_\_\_\_\_, personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the within instrument, and acknowledge to me that \_\_\_\_\_ executed the same.

IN WITNESS WHEREOF, I have here unto set my hand and affixed my official seal the date and year first hereinabove written:

Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
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This Portion to be Completed by Issuing Fish and Game Office

Number of Permit Issued \_\_\_\_\_

Issued by \_\_\_\_\_

Vendor Number \_\_\_\_\_

Date \_\_\_\_\_

**DISABLED ARCHERY PROVISIONS.** When the commission has established a special archery only season, any individual who is otherwise qualified to participate, shall be allowed to do so with the use of a crossbow if he has a permanent disability whereby he does not have use of one (1) or both of his arms or hands. The commission shall promulgate rules to establish a process for verifying the existence of the disability and for issuance of a free permit to qualifying individuals.

The Idaho Fish and Game Commission, in accordance with Section 36-105 and subsection 36-409(a), Idaho Code, hereby establishes the following regulations governing the acquisition of a handicapped archery permit:

**IDAPA 13.01.04.304 DISABLED ARCHERY PERMIT**

01. Applications.
  - a. Applications for disabled archery permits shall be on a form prescribed by the Department. Only eligible applicants may submit such applications.
  - b. Applicants shall sign the application. Nonresident applicants must have their signature notarized. Each application shall be accompanied by certification from the applicant's physician stating that the applicant has a permanent disability whereby he does not have use of one (1) or both of his arms or hands. The physician shall also certify that the applicant is capable of holding and firing, without assistance from other persons, a crossbow. If the physician is not licensed to practice in Idaho, a photocopy of the physician's medical license must also be sent in with the application.
02. Permits.
  - a. Disabled archery permits shall be issued only by the Director of the Department and shall expire on December 31 of the fifth year following the date of issuance.
  - b. The disabled archery permit shall be carried on the person of anyone participating in an archery only season with the use of a crossbow and produced upon request of an officer.
  - c. The disabled archery permit shall allow the holder thereof to participate in an archery only hunt with the use of a crossbow.

**IDAHO ADMINISTRATIVE CODE**

**IDAPA 13.01.08**

**410. UNLAWFUL METHODS OF TAKE**

No person shall take big game animals as outlined in this section.

**02. Bows, Crossbows, Arrows, Bolts, Chemicals or Explosives**

- a. With arrows or bolts having broadheads measuring less than seven-eighths (7/8) inch in width and having a primary cutting edge less than fifteenth-thousandths (0.015) inch thick.
- b. With any bow having a peak draw weight of less than forty (40) pounds up to or a draw of twenty-eight (28) inches, or any crossbow having a peak draw weight of less than one hundred-fifty (150) pounds.
- c. With any chemicals or explosives attached to the arrow or bolt.
- d. With arrows or bolts having expanding broadheads.
- e. With arrows or bolts having barbed broadheads. A barbed broadhead is a broadhead which has any portion of the rear edge of the broadhead forming an angle less than ninety (90) degrees with the shaft or ferrule.
- f. With any electronic or tritium-powered device attached to, or incorporated into, an arrow, bolt, crossbow, or bow. Except disabled archery permit holders may use a nonmagnifying sight with battery powered or tritium lighted reticles.
- g. With any bow capable of shooting more than one (1) arrow at a time.
- h. With any compound bow with more than eighty-five percent (85%) let-off.
- i. With an arrow and broadhead, or bolt and broadhead, with a combined total weight of less than three hundred (300) grains.
- j. With an arrow less than twenty four (24) inches or a crossbow bolt less than twelve inches in length from the broadhead to the nock inclusive.
- k. With an arrow wherein the broadhead does not proceed the shaft and nock.
- l. During an ARCHERY ONLY season, with any firearm, crossbow (except holders of a disabled archery permit), or other implement other than a longbow, compound bow, or recurve bow, or:
  - i. With any device attached that holds a bow at partial or dull draw.
  - ii. With any bow or crossbow equipped with magnifying sights.
- m. With any crossbow pistol.

**IDAHO DEPARTMENT OF FISH AND GAME**

License Operations Manager  
600 South Walnut St. / P.O. Box 25  
Boise, ID 83707  
(208) 334-3700

**PANHANDLE REGION OFFICE**  
2885 W Kathleen Ave.  
Coeur d'Alene, ID 83814  
Phone (208) 769-1414

**McCALL SUBREGION OFFICE**  
555 Deinhard Lane  
McCALL, ID 83638  
Phone (208) 634-8137

**UPPER SNAKE REGION OFFICE**  
4279 Commerce Circle  
Idaho Falls, ID 83401  
Phone (208) 525-7290

**CLEARWATER REGION OFFICE**  
3316 16<sup>th</sup> St.  
Lewiston, ID 83501  
Phone (208) 799-5010

**MAGIC VALLEY REGION OFFICE**  
319 S. 417 E.  
HWY 93 Business Park  
Jerome, ID 83338  
Phone (208) 324-4359

**SALMON REGION OFFICE**  
99 HWY 93 N.  
Salmon, ID 83467

**SOUTHWEST REGION OFFICE**  
3101 S. Powerline Rd.  
Nampa, ID 83686  
Phone (208) 465-8465

**SOUTHEAST REGION OFFICE**  
1345 Barton Rd.  
Pocatello, ID 83204  
Phone (208) 232-4703