



APPLICATION -- HUNTING METHODS EXEMPTION – CROSSBOW

NAME: _____ **PHONE** _____ **ID# (SSN OR DRIVERS LICENCE)** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

The following is to be filled out by a licensed physician.

_____ I do hereby attest that the above named individual is not able to use conventional archery equipment & must use a crossbow because _____
(description of disability)

This disability is temporary _____ or permanent _____
(length of time is required)

TERMS OF PERMIT

1. Once completed and signed this application will be your HUNTING METHODS EXEMPTION PERMIT.
2. The permit holder is authorized to use a crossbow during archery seasons.
3. The crossbow must conform to provisions of applicable regulations.
4. All other statutes and regulations must be observed.
5. Permit holder must possess appropriate KY hunting licenses and tags.
6. This permit must be carried on person.
7. If the disability is a temporary one this individual must return to conventional hunting methods at the end of the time specified above.
8. The Department of Fish and Wildlife does not maintain any copies of this permit. It is the responsibility of the user to maintain this document.
9. The Department of Fish and Wildlife does not assume any responsibility or liability for any activity conducted under this permit. The user assumes all risks and responsibilities.

Signature of licensed physician

Business address

Name -Printed

City

State Phone Number

I _____ have read and agree to comply with all the above terms. _____
Applicant Signature Date

Once this form is completed, **Please do not return it KDFWR.**