



APPLICATION - HUNTING METHODS EXEMPTION - VEHICLE

NAME: _____ PHONE: _____ ID#(SSN OR Drivers License) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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

_____ I do hereby attest that the above named individual must hunt from an ATV or other vehicle because

_____ (description of disability)

This disability is temporary _____ or permanent _____ (length of time permit 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 hunt from a vehicle.
3. The vehicle must be used for transportation and a shooting platform only, and does not authorize off road use.
4. The vehicle cannot be used to drive or flush game.
5. All other statutes and regulations must be observed.
6. Permit holder must possess appropriate KY hunting licenses and tags.
7. This permit must be carried on person.
8. If the disability is a temporary one this individual must return to conventional hunting methods at the end of the time specified above.
9. 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.
10. 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. _____ Date _____ Applicant Signature