PGC-709-LE
8/2003

Pennsylvania Game Commission
Bureau of Law Enforcement
2001 Elmerton Avenue, Harrisburg, PA 17110-9797

Application for Disabled Persons Permit to Hunt with a Braced Bow and Arrow or Crossbow

Notice: Use of this form is required by the PGC for any application filed pursuant to Title 34, Pa. C.S., section 2923. The PGC will not consider your application unless you complete and submit this form. Personally identifiable information provided may be used to determine identity of the applicant, eligibility for approvals and other enforcement purposes. **Please return completed form to: Pennsylvania Game Commission, Bureau of Law Enforcement, 2001 Elmerton Avenue, Harrisburg, PA 17110-9797.**

FEE: $5 - Make check or money order payable to the PA GAME COMMISSION.

ANY APPLICATION RECEIVED AFTER AUGUST 15 MAY NOT BE PROCESSED BY OCTOBER 1.

SECTION I - TO BE COMPLETED BY APPLICANT (Please type or print legibly)

Applicant's Name	Driver's License Number	Date of Birth
Street or Route	Home Telephone Number (include area code)	Sex ☐ Male ☐ Female
City, State, Zip Code	County of Residence	Township of Residence

I hereby certify that the above information is true and correct, and I hereby authorize the Pennsylvania Game Commission to examine and the Doctor to release, all medical records regarding my physical disability.

Applicant's Signature	Date Signed

SECTION II - TO BE COMPLETED BY LICENSED PHYSICIAN OR CHIROPRACTOR

Describe applicant's physical condition as certified below. Physical condition should be of a nature that would preclude the applicant from using a conventional bow and arrow. Description should be in basic terms, using layman terminology. Inability to read and decipher this description will only delay in processing this permit.

1. **PERMANENT CONDITION -**

2. **TEMPORARY CONDITION -**

Name of Physician or Chiropractor (Please Print)	Medical License Number	Date Signed
Signature of Physician or Chiropractor	Telephone # (include area code)	Fax #
Address	**(PGC USE ONLY)** **APPROVED [ ]**	**DISAPPROVED [ ]**
City, State, Zip Code	**Chief, Technical Services Signature**_____ **Date**_____	