

TO THE APPLICANT

You are applying for a special permit to use a motor vehicle as a blind. This permit allows a person, who otherwise qualifies for a hunting license, to sit inside or on a stationary vehicle with a loaded firearm and shoot at game from the vehicle subject to all related laws and regulations.

Before applying, please consider that the law allows a person to hunt and discharge a firearm next to a legally parked vehicle without any special permits. Persons who have medical issues that restrict walking long distances or over rough terrain, but are able to exit their vehicles are encouraged to hunt outside, but next, to their vehicles. Remember that, without a permit, possessing a loaded firearm in, on or against any vehicle, parked or in motion, is a violation of game laws.

Possession of a similar permit issued by another state or a handicapped parking permit does not necessarily fulfill the requirements for this permit. This permit does not relate to an applicant's potential inability to field dress or remove downed game from the field. Permits are not granted for the purpose of operating motorized vehicles on State Game Lands.

To apply, the applicant completes Section I only. All spaces must be filled in, typewritten or legibly printed in ink. If you do not have a driver's license or phone number, enter 'none' in that blank. Applications with incomplete or illegible information will be returned to the applicant with all medical information attached. Only the physician may complete Section II or III. Be sure to provide them with the attached physicians notice along with the application. It will be helpful for you to read the application and be familiar with the information your doctor will be asked to provide. Please check with your doctor to be sure that all necessary releases have been signed allowing them to provide the PGC with your medical information. If your physician is unwilling to release information or discuss your medical condition and history with a PGC representative, the application will be returned to you. Any application that is returned may be resubmitted with additional information or necessary corrections.

After we receive the completed application, allow a minimum of 8 weeks for processing. During the months of August through November that period may be extended due to the large volume of applications received. If the application is approved, a permit certificate and a copy of the laws that apply to the permit will be sent by regular mail. This certificate will indicate if the permit is 'permanent' or 'temporary' and must be carried upon the person at all times while hunting. If the application is disapproved, a letter notifying the applicant of this will be sent by regular mail. Applicants who are denied the permit are encouraged to reapply if they have significant additional medical information to be considered or if their medical condition has changed over time. Physicians are encouraged to contact us to provide clarification or additional information. The denial letter will explain options allowing you to hunt next to the vehicle as well as the procedure for requesting an administrative hearing.

Applications will not be accepted or processed in person at any of our offices. Please send them via first class mail to the address on the face of the application.

Applicants with questions may contact us at: (717) 783-8164.

APPLICANT: GIVE THIS NOTICE TO YOUR PHYSICIAN WITH THE APPLICATION

TO THE PHYSICIAN

Your patient is applying for a special permit to use a vehicle as a blind to hunt. Simply put, with this permit, the applicant will be authorized to park a vehicle along a public highway and shoot at game from inside the vehicle, subject to all other hunting laws and regulations. Your part in the application process is important. Please devote the necessary time to the completion of this application and give each question due consideration. We depend on you to provide us with an honest and fair evaluation of the applicant's medical condition and resulting impairment from which an appropriate determination can be made. The standards, as listed to qualify for this permit, reflect the patient's *need* above their convenience or preference. This permit is designed for those individuals who, due to one of the listed conditions, would be unable to exit their vehicle and hunt outside or to do so would create a serious medical risk. It does not relate to their ability to walk long distances or over rough or difficult terrain as it is legal to hunt next to a parked vehicle.

Section 2741 a (2) of the Game and Wildlife Code provides that any person who is evaluated by a licensed medical authority or court and who has been certified to the commission as mentally or physically unfit or addicted to alcohol or a controlled substance to the degree that they are unfit to exercise any privilege granted by this title, including hunting, shall be denied a license to do so. Determining the suitability of the applicant to hunt is perhaps the greatest responsibility of the physician as to the welfare of the patient and the protection of the public. Comments on this issue may be included in a narrative.

The applicant will complete Section I, and the physician will complete Section II or III and the physician's certification. It will be helpful to read the application completely prior to filling it out. This will help eliminate common mistakes that may delay processing. Please type or print all entries and narratives. You may use commonly accepted medical abbreviations and symbols but the information should be in a form understandable to someone with basic medical knowledge. Provide detailed and complete narratives of the patient's condition and an assessment of impairment as a result of that condition where it is requested. Narratives may be done in the space provided or on separate sheets. Medical reports may be attached. Answer every question 'yes' or 'no' and provide information in the blanks where requested. Forms with unanswered questions or insufficient information will be returned to the applicant.

Determine if your patient's condition is permanent or temporary. Both sections may be completed only if the applicant suffers from two or more unrelated conditions involving both types, and this is clearly explained by narrative. Do not complete both sections for disabilities resulting from a single medical condition.

A temporary condition is one where recovery is expected, generally within a year and for which the patient has not reached maximal medical improvement. If recovery does not progress as expected, the patient may reapply as a temporary for an additional year. Common examples of temporary conditions are broken weight-bearing bones; knee, hip or back surgery; and certain serious illnesses or medical procedures. They must have a leg, hip or body cast or have undergone surgery on one or more of these areas and be disabled after the surgery. It must be a condition that reasonably restricts walking of any distance. Broken arms, ribs, clavicles, separated shoulders, for example, would not qualify.

Progressive diseases should be evaluated as permanent conditions.

Old injuries, surgeries or conditions for which the patient has reached maximal medical improvement should be evaluated as permanent conditions.

Permanent conditions are of three types: restricted mobility, lung disease or cardiovascular disease.

In order to qualify in the mobility category A.1, the condition must meet two criteria: 1) it is permanent and irreversible, and 2) the applicant is unable to walk without one or more of the artificial support devices listed. Occasional use of only one device is not acceptable. The patient must *require* a device for mobility and be unable to walk without one.

Category A.2 allows for other cases of restricted mobility. This may apply to a single, or multiple conditions that result in a minimum 90% loss of use of a lower extremity. This standard is substantial and is seldom met where the patient does not require artificial support to perform the activities of daily living. This category, in particular, requires a narrative description that accounts for loss of use of an extremity to this degree.

Permits will not be granted based solely on disability from pain, fatigue, etc. Due to their subjective nature, impairment due to pain and fatigue must be supported by specific causes and the loss of function due to such conditions substantiated.

Evaluate your patient's capabilities, including the effects of medication, for those conditions where medication is successfully controlling symptoms and improving their ability to ambulate.

Advanced age may be considered a contributing factor in a medical condition but will not be considered by itself as a qualifying condition.

The standards for lung disease are defined. Documentation of specific pulmonary function testing is required. The patient must have met the standard continuously from the date of the test to the date of application. A permit may be granted if any one of the three conditions is met.

The standards for cardiovascular disease are defined. The applicant must have functional limitations of class 3 or 4 as defined by the American Heart Association standards. The patient must experience fatigue, palpitation, dyspnea or anginal pain while performing ordinary physical activity such as light walking. The patient must meet this standard continuously from the date of evaluation to the date of application.

It may be necessary for us to contact you with questions about the information on the application. Please include a phone and fax number in the spaces provided.

Licensed chiropractors may complete the application as to mobility but not as to lung disease or cardiovascular disease. Chiropractors should refer their patients to the appropriate physician to evaluate those conditions.

Physicians may contact us at (717) 783-8164 to discuss any application.



Application for Disabled Person to Use a Vehicle as a Blind

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. Personal information provided may be used to determine the identity of the applicant, eligibility for approvals and for other enforcement purposes.

Return completed form to:

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

APPLICATION MUST BE FILLED OUT COMPLETELY

SECTION I – TO BE COMPLETED BY APPLICANT. TYPE OR PRINT LEGIBLY.

Form with fields for Applicant's Name, Driver's License Number, Date of Birth, Street or Route #, Apartment #, Home Telephone Number, Sex, City, State, Zip Code, County of Residence, Township of Residence, and Applicant's Signature.

SECTION II – TO BE COMPLETED BY A LICENSED PHYSICIAN (Please refer to physician's notice)

PLEASE TYPE OR PRINT ALL ENTRIES

Indicate 'yes' or 'no' to all questions

PERMANENT CONDITION

Complete this section only for conditions where the patient has reached Maximal Medical Improvement.

A. MOBILITY

- 1a. Does applicant have a permanent or irreversible physical disability and requires one or more of the following support devices for mobility?
1b. Which of the following does applicant require for mobility? Check all that apply.
a. Wheelchair
b. Walker
c. One leg brace or external prosthesis above the knee
d. Two leg braces or external prostheses below the knees
e. Two crutches or two canes (single crutch or cane does not qualify)

DESCRIBE SPECIFIC CONDITION THAT REQUIRES SUPPORT DEVICE AND PART OF BODY AFFECTED. If condition is the result of a specific incident (motor vehicle accident, work related injury, stroke, amputation, etc.) please give the date and nature of that incident. Attach additional sheets as needed.

2. Does the applicant have a disability or combination of disabilities creating a minimum impairment equivalent to 90% loss of function in one leg or no more than 10% maximal functional use in one leg regardless of the functional level of the other leg..... Yes No

DESCRIBE SPECIFIC CONDITION AND HOW IT LIMITS FUNCTIONAL USE OF LOWER EXTREMITY(S) TO THE DEGREE REQUIRED. Attach additional sheets as needed.

B. LUNG DISEASE

Does applicant suffer from lung disease to the extent that at least one of the following is met:

1. Forced expiratory volume for one second when measured by spirometry is less than one liter Yes No
DATE OF TEST AND ACTUAL MEASUREMENT _____
2. The arterial oxygen tension is less than 60 millimeters of mercury on room air at rest Yes No
DATE OF TEST AND ACTUAL MEASUREMENT _____
3. Dependent upon oxygen apparatus 24 hours a day, 7 days a week.. Yes No

C. CARDIOVASCULAR DISEASE

Does applicant suffer significantly from cardiovascular disease to the extent that functional limitations are classified in severity as **Class 3 or 4** according to current standards accepted by the American Heart Association?

The applicant must exhibit fatigue, palpitation, dyspnea or anginal pain with ordinary exertion such as light walking..... Yes No
DATE OF ORIGINAL EVALUATION AND ACTUAL CLASSIFICATION _____

SECTION III – TO BE COMPLETED BY A LICENSED PHYSICIAN (IF APPLICABLE)

TEMPORARY CONDITION

Complete this section only for conditions where the patient has not reached Maximal Medical Improvement.

Does applicant have a temporary disability that restricts mobility or walking of any distance due to illness, injury or operative procedures and who either has a leg, hip or back, or any part thereof, casted by a licensed physician due to a fracture or had leg, hip or back surgery..... Yes No
Describe specific condition and body part effected:

Temporary permits expire June 30th of each year.

Physician Certification: I certify below that I have examined the applicant named above and read the physician’s notice included with the application. I completed the application according to the instructions included and the information provided is true and correct and is an accurate and medically documented evaluation of the patient’s condition and disability at the time of application. I understand that I may be required to appear and answer questions regarding this information at a hearing or other legal proceeding.
DATE OF PATIENT’S MOST RECENT EXAMINATION _____.

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