

Modified Longbow Authorization

For more information on this license visit www.dec.ny.gov/permits/25018.html

To complete this form you will need to:

- Complete, sign and date "Section 1"
- Have your licensed physician complete, sign and date "Section 2"

This form authorizes individuals with a permanent or temporary disability to use a modified longbow for assistance in drawing, holding and releasing the bowstring. Modified longbow use is permitted during big game or small game hunting seasons. This does not authorize use of a crossbow.

***SECTION 1 - (To be completed by hunter)**

name / date of birth	Last		First	M.I.	DOB (mm/dd/yyyy)

address	Street Address		Apartment/Unit	City	
	_____		_____	_____	
	County		State	Zip Code	
email / telephone	Email			(_____) _____ - _____	Telephone
	_____			_____	

***SECTION 2 - Physician Certification (To be completed by licensed physician)**

physician name and license #	Physician Name		Physician License Number		
	_____		_____		
address	Street Address		Apartment/Unit	City	
	_____		_____	_____	
	County		State	Zip Code	(_____) _____ - _____
nature and duration of patient's disability (check only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Permanent Lifetime	Temporary 1 year	Temporary 3 years	Temporary 5 years	

***NOTICE:** Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the NYS Penal Law.

I hereby certify that the above named hunter is my patient and, as his/her licensed physician, I certify that he/she is incapable of drawing and holding a bow due to a physical disability for the duration indicated above.

*Physician's Signature

Date

This authorization is valid only for the duration of the disability indicated above by the physician. In addition to a current year hunting license and bowhunting privilege, carry this completed authorization form with you while hunting with a modified longbow.

For questions or concerns, please contact us
 Phone: (518) 402-8985 • Fax: (518) 402-8925
 Email: SpecialLicenses@dec.ny.gov
 Website: www.dec.ny.gov/63.html

(This form does not need to be returned to or reviewed by DEC)