LICENSE DURATION

5 Years

Non-Ambulatory Hunter Permit

Application

For Office Use Only

	No Fee For more information on this license visit www.dec.ny.gov/permits/250023.html					License #	
*Applicant Inf name / date of birth address	Cormation Last	First			M.I.	DOB (mm/dd/yyyy)	
	Street Address	Apartment/Uni	it City				
email / telephone	County			State (p Code 	
Provide your NY	Email S Hunting License ID # (must be current yea	r license)		Tele	phone		
*Physician Cer physician name and license #	rtification (<mark>To be completed by licensed</mark>	physician)					
address	Physician Name Street Address	Apartmo		ian License Numbe	er		
	County	Apartme State	ent/Unit City Zip Code	(Teleph)one		
If "Yes",	require the use of a wheelchair or another will the applicants need for a wheelchair or please indicate anticipated duration of disal	similar device be perma	anent?		Yes Yes	□ No	
'Physician's Signature				Date			
REQUIRED DOCUMENT(S) (must be submitted with your application) Two 2x2 photographs (i.e. passport photo) for your photo id card.			APPLICATION CHECKLIST (before sending this application, please verify the following) All application fields/sections marked with an asterisk (*) are complete1 Your physician completed and signed the "Physician Certification" section You signed and dated below				
NOTICE: Pursua Penal Law.	nt to ECL Section 3-0301(2)(Q), false sta	atements made on th	I —		rdance to Se	ection 210.45 of the NYS	
'Applicant's Signat	ture				Date		

MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:

NYS Department of Environmental Conservation Special Licenses Unit · 5th Floor 625 Broadway, Albany, New York 12233 For questions or concerns, please contact us Phone: (518) 402-8985 · Fax: (518) 402-8925 Email: <u>SpecialLicenses@dec.ny.gov</u> Website: <u>www.dec.ny.gov/63.html</u>

Please allow 45 days for DEC to review and process your application.

¹Incomplete or vague applications will be returned and delay the processing of your permit.