



# WASHINGTON DEPARTMENT OF FISH AND WILDLIFE HUNTER / FISHER DISABILITY STATUS APPLICATION

Mail to: WDFW, Licensing Division, PO Box 43154, Olympia, WA 98504

Fax to: (360) 902-2466

Please Print Clearly

### APPLICANT INFORMATION REQUIRED

LAST NAME				FIRST NAME				MIDDLE		SUFFIX JR / SR		
MAILING ADDRESS						PHYSICAL ADDRESS						
CITY			STATE		ZIP		CITY			STATE		ZIP
SEX M / F	HEIGHT FT. IN.		WEIGHT			DOB		EYE COLOR		SSN		
WILD ID				EMAIL				PHONE				

I hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing information is true and correct.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Please select one or both of the following applications :       Fishing       Hunting

**Physician:** please check and sign one or more following boxes to describe above applicant.

\_\_\_\_\_  **Permanent non-operable physical disability:** Upper Extremity Impairment  
*Physician Signature*

\_\_\_\_\_  **Permanent non-operable physical disability:** Lower Extremity Impairment  
*Physician Signature*

A person who has a permanent disability and is not ambulatory over natural terrain without a lower extremity prosthesis or must permanently use a medically prescribed assistive device for mobility, including, but not limited to, a wheelchair, crutch, cane, brace, walker, or oxygen bottle; or  
 A person who has a permanent disability and is physically incapable of holding and safely operating a firearm or other legal hunting/fishing device; or  
 This definition includes, but is not limited to, persons with a permanent upper or lower extremity impairment who have lost the use of one or both upper or lower extremities, or who have a diagnosed permanent disease or disorder which substantially impairs or severely interferes with mobility or the use of one or both upper or lower extremities for holding and safely operating a firearm or other legal device. Remember, physical conditions relating completely to the comfort level of the applicant are not acceptable criteria for the issuance of disability status.

\_\_\_\_\_  **Permanent non-operable physical disability:** Blind / Visually Impaired  
*Physician Signature*

Central visual acuity does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is not greater than 20 degrees.

\_\_\_\_\_  **Permanent Developmental disability:** Mental / Physical Impairment  
*Physician Signature*

A cognitive intellectual disability such as: cerebral palsy, down syndrome, epilepsy, autism, or another neurological condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which **originates before the individual attains age eighteen**, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. RCW 71A.10.020(4). **NOT included:** PTSD, Bi-polar, ADD, ADHD, Anxiety, Parkinson's, Multiple Sclerosis.

**I am a licensed physician for the above named person, and by my signature do certify under penalty of perjury of the law, the above applicant has a permanent disability as I have indicated.**

**X** \_\_\_\_\_ *Licensed Physician's Signature*      \_\_\_\_\_ *ARNP or PA Signatures not accepted*      \_\_\_\_\_ *Date*

Physician's Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please print clearly)

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Medical License Number: \_\_\_\_\_  
Mandatory

**WDFW USE ONLY**

Approved By: _____	Date: _____
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## Eligibility Requirements for WDFW Disability Status

The Washington State Legislature, and/or the Fish and Wildlife Commission established eligibility requirements stated below. Receiving a disability award or rating from the Social Security Administration or any other federal, state, and/or county entity does not automatically make one eligible for the privileges issued by WDFW.

To qualify for disability status with WDFW you must have a **permanent** disability which meets one of the following:

### **WAC 232-12-828 Hunting of game birds and animals by persons with a disability.**

(h) "Person with a disability" means:

(i) A person who has a permanent disability and is not ambulatory over natural terrain without a lower extremity prosthesis or must permanently use a medically prescribed assistive device for mobility, including, but not limited to, a wheelchair, crutch, cane, walker, or oxygen bottle; or

(ii) A person who has a permanent disability and is physically incapable of holding and safely operating a firearm or other legal hunting device.

This definition includes, but is not limited to, persons with a permanent upper or lower extremity impairment who have lost the use of one or both upper or lower extremities, or who have a diagnosed permanent disease or disorder which substantially impairs or severely interferes with mobility or the use of one or both upper or lower extremities for holding and safely operating a firearm or other legal device; or

(iii) A person who is blind or visually impaired.

Central visual acuity does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is not greater than 20 degrees.

### **WAC 220-55-065 Fishing for shellfish, freshwater fish or saltwater fish by a person of disability.**

(d) "Person of disability" means:

(i) A permanently disabled person who is not ambulatory over natural terrain without a prosthesis or assistive device; or

(ii) A permanently disabled person who is unable to hold or use any legal fishing or shell fishing device; or

(iii) A person who is totally blind or visually impaired.

Central visual acuity does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is not greater than 20 degrees.

### **RCW 71A.10.020 "Developmental Disability" means:**

(4) A cognitive intellectual disability such as: cerebral palsy, down syndrome, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, **which originates before the individual attains age eighteen**, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.

**NOT included:** PTSD, Bi-polar, ADD, ADHD, Anxiety, Depression, Parkinson's, Multiple Sclerosis...

## **Temporary and/or short' term disabilities are not permitted.**

### **How to Apply:**

To apply for disability status your Licensed Physician (MD) with intimate knowledge and documentation of your disability will need to complete and certify this [Hunter / Fisher Disability Status Application](#).

Advanced Registered Nurse Practitioner (ARNP) or Physician Assistant (PA) may not certify this application.

Please return this completed application to our main office at: Licensing Division, PO Box 43154, Olympia, WA 98504, or you can fax the application to: (360) 902-2466.

Please allow 2 weeks for processing. If you do not receive a notice on your application after 2 weeks please contact our office at: (360) 902-2464, TDD (360) 902-2207