



State of Hawaii  
 Department of Land and Natural Resources  
 Division of Forestry and Wildlife



**SPECIAL INTERIM PERMIT ALLOWING DISABLED HUNTERS TO HUNT  
 AND TAKE GAME WITH A CROSSBOW ON PUBLIC HUNTING**

Permit No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

**Eligibility Criteria:** A person may obtain a special disabled hunter permit to take game with a crossbow if a licensed, practicing physician certifies that the applicant has a physical disability and that the applicant is functionally unable to effectively use regular archery or hunting equipment due to a physical disability.

**Conditions and Restrictions:** (1) Applicants for this special permit must provide proof of disability as certified by their physician, and proof of identity and residence, either by a notarized signature, or a legible copy of a government-issued valid photo I.D., such as a driver's license; (2) The disabled hunter permit shall indicate that the permit holder is authorized to use a crossbow; (3) The permit is non-transferrable and may be revoked at any time if it is determined that it has been used by someone other than the person to whom it was issued or it has been altered to provide misinformation; (4) Only the permit holder is authorized to use a crossbow; (5) The crossbow shall have a minimum draw weight of 125 pounds; (6) The crossbow may be cocked and must be on safe while hunting, but the bolt must remain in the quiver until the permit holder is ready to shoot; (7) Transporting a loaded or unencased firearm or discharging a firearm on or across a public highway (as defined in Chapter 122 and 123) is prohibited; (8) All requirements of Chapter 122 and 123 will be followed with the exception of the permit holder using a crossbow and shooting from a vehicle on public hunting area access roads; (9) Anyone in violation of these permit requirements shall be in violation of Chapter 122 or 123, whichever is applicable, and the person in violation shall be subject to the penalties listed in 183D-5 and 183D-12; (10) This certification and the permit shall be valid for four years from the date of certification.

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 I hereby apply for a Disabled Hunter Permit to hunt with a crossbow in accordance with the above stipulations.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

I hereby certify under oath that the above information is true and correct and that I am eligible to obtain this special permit.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

SPECIAL INTERIM PERMIT ALLOWING DISABLED HUNTERS TO HUNT  
AND TAKE GAME WITH A CROSSBOW ON PUBLIC HUNTING AREAS  
PHYSICIAN'S STATEMENT

PHYSICIAN'S STATEMENT (must be completed and signed by physician)

I hereby certify that \_\_\_\_\_ is functionally unable to effective use  
Applicant  
regular hunting or archery equipment due to a physical disability.

Physician Name (print) \_\_\_\_\_

Phone No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Date

The above named applicant is hereby authorized to hunt and take game with a crossbow on public hunting areas.

\_\_\_\_\_  
Issuing Officer's Signature Date

\_\_\_\_\_  
Issuing Officer's Title

*This Special Interim Permit is provided to qualified individuals with a disability allowing participation in and receive benefits of the hunting program provided through the State of Hawaii Department of Land and Natural Resources, Division of Forestry and Wildlife. These reasonable modifications in policies, practices, and procedures are necessary to avoid discrimination on the basis of disability that would not fundamentally alter the nature of the program or activity.*

*This permit is provided to comply with the requirements of Part 35 §35.130(a) and § 35.130(b)(7) of Title II of the Americans with Disabilities Act as amended by the final rule published on September 15, 2010.*

Original - Licensee  
Copy - DOFAW District  
Copy - DOFAW Admin  
Copy - Fiscal

