



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 (4) years from the date of certification; unless indicated otherwise. **This permit authorizes use of a crossbow only. It does not permit hunting during the "disabled" hunting season.**

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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

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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 receiving 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.