



**MEDICAL CERTIFICATION**  
**HUNT FROM STANDING VEHICLE APPLICATION FOR**  
**PERSONS WITH A PERMANENT DISABILITY**

*Issued under authority of Part 401 of 1994 PA 451, as amended.*

The Michigan DNR may issue a permit to a person who is certified as being permanently disabled by a licensed Physician or licensed Physical/Occupational therapist. This permit authorizes a person to take game including deer of either sex from a standing vehicle during the open season for that game if the person possesses a valid license to take that game and complies with all other laws and rules for the taking of game.

To qualify, a person must have a documented permanent disability, disease, or injury rendering the applicant unable to walk.

**SECTION 1 – APPLICANT INFORMATION**

Name		Michigan Driver License No. (If none, Michigan ID Card No.)		
Street Address		Michigan DNR Sportcard No. (If no Michigan Driver License or ID Card)		
City, State, ZIP		Date of Birth	Height	Weight
County	Telephone (       )	Hair Color	Eye Color	Sex

***The person named above may:***

***Take game during the open season for that game, including deer of either sex, from or upon a standing vehicle if that person holds a valid license to take that game and complies with all other laws and rules for the taking of game.***

***I hereby covenant and agree to indemnify and save harmless, the State of Michigan, its departments, officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to (1) issuance of this permit; (2) the activities authorized by this permit; and (3) the use or occupancy of the premises which are the subject of this permit by the Permittee, its employees, contractors, or its authorized representatives.***

***A person who violates a condition of a permit issued under this part is guilty of a misdemeanor punishable by imprisonment for not more than 90 days, a fine of not less than \$50.00 or more than \$500.00, or both, and the costs of prosecution.***

***I agree to the terms and conditions as stated on this application.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**LICENSED PHYSICIAN OR LICENSED PHYSICAL/OCCUPATIONAL THERAPIST:**

*Complete sections 2 through 4 of this application.*

**SECTION 2 – LICENSED PHYSICIAN OR LICENSED PHYSICAL/OCCUPATIONAL THERAPIST**

Name of Examiner (print or type)	Title (Licensed Physician or Licensed Physical/Occupational Therapist)
Street Address	License Number
City, State, ZIP	Telephone (       )

**SECTION 3 – EVALUATION**

**Licensed Physician or Licensed Physical/Occupational Therapist** – Check the appropriate box

- Coordination assessment. Coordination is the ability to execute smooth, accurate, controlled movement. Incoordination or coordination deficit describes abnormal motor function characterized by awkward, extraneous, uneven, or inaccurate movements, caused by central nervous disorders, including but not limited to, Parkinson’s disease, cerebral palsy, hemiplegia, hemiparesis, and closed head trauma, or by progressive neuromuscular diseases, such as muscular dystrophy, multiple sclerosis, and amyotrophic lateral sclerosis. Purpose: to assess the ability of muscles or groups of muscles to work together to walk in a hunting situation.

**Licensed Physician Only** – Check the appropriate box

Applicant qualifies due to the following permanent disability:

- Applicant is an amputee (loss of a lower limb);
- Applicant is a paraplegic (paralysis of both lower limbs); or

Applicant is permanently disabled person who is unable to walk due to disease or injury as follows:

- Amputation involving a lower body extremity required for stable function to walk.
- A spinal cord injury resulting in permanent disability to the lower extremities leaving the applicant permanently non-ambulatory, or other disability resulting in a permanent wheelchair (mobility device) restriction.
- Other – Any other permanent disability that renders the applicant unable to walk as diagnosed by a licensed physician shall be sufficient grounds for granting the permit. The licensed physician must note below in general terms how the disability prevents the applicant from walking.

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**SECTION 4 – CERTIFICATION BY LICENSED PHYSICIAN OR LICENSED PHYSICAL/OCCUPATIONAL THERAPIST**

*I certify that the applicant is permanently disabled and unable to walk.*

*Fraudulent certification of a permanent disability status could result in a complaint to the Michigan Department of Licensing and Regulatory Affairs pursuant to MCL 333.16231 for disciplinary review.*

\_\_\_\_\_  
*Signature of Licensed Physician*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Licensed Physical/Occupational Therapist*

\_\_\_\_\_  
*Date*

Submit this completed and signed application to:

**MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
LICENSING AND RESERVATIONS  
PO BOX 30181  
LANSING, MI 48909 - 7681**

FOR MICHIGAN DNR USE ONLY	
HUNT FROM STANDING VEHICLE PROGRAM	
BY: (For Director, Michigan Department of Natural Resources)	
Permit Issue Date	Permit Number