

- Allow a minimum of 28 working days for this application to be processed.
- The permit, allows for the use of a crossbow during an archery equipment only hunting season and/or a bow equipped with a draw lock during any hunting season.
- A crossbow permit may only be issued to a person who
 - is a paraplegic, a hemiplegic, or who is otherwise confined to a wheelchair
 - is a double lower limb amputee or a single above-the-knee amputee, or
 - is unable to use conventional archery equipment due to an upper limb amputation or a permanent physical condition involving an upper limb,

thereby limiting the permit to those persons whose disability prevents the use of a long bow or recurve bow requiring more than 18 kilograms draw weight at 71 centimetres draw or a compound bow set at more than 18 kilograms peak draw weight.

- There are two pages to this application. Ensure both pages are submitted together.

MAIL OR DROP OFF TWO-PART APPLICATION TO:

ANY SUSTAINABLE DEVELOPMENT DISTRICT OFFICE WHERE A CONSERVATION OFFICER IS LOCATED

OR

WILDLIFE PERMITS CLERK
MANITOBA SUSTAINABLE DEVELOPMENT
WILDLIFE and FISHERIES BRANCH
BOX 24-200 SAULTEAUX CRESCENT
WINNIPEG MB R3J 3W3
TELEPHONE: 204-945-1893

PART A: TO BE COMPLETED BY APPLICANT- please print

NAME OF APPLICANT:	DATE OF BIRTH (YR/MO/DD):	OCCUPATION:
ADDRESS:		CITY/TOWN:
PROVINCE/STATE :	POSTAL CODE/ZIP CODE:	CONTACT TELEPHONE NUMBER:

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND PROVIDED TO THE DOCTOR WHO COMPLETED PART B IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE MANITOBA SUSTAINABLE DEVELOPMENT TO USE THIS INFORMATION FOR THE PURPOSE OF ASSESSING MY ELIGIBILITY FOR THE PERMIT REQUESTED INCLUDING ANY RELATED NEED TO COMMUNICATE OR EXCHANGE INFORMATION WITH THE DOCTOR WHO COMPLETED PART B

SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____

PLEASE PROCEED TO PAGE 2

FOR DEPARTMENT USE ONLY

DISTRICT COMMENTS:

District:

RECOMMENDED? YES NO	DATE:	Officer's signature:	Officer's name (please print)
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APPLICATION FOR CROSSBOW PERMIT

PART B - TO BE COMPLETED BY A MEDICAL DOCTOR

The intent of a crossbow permit is to give a qualifying person a reasonably equitable opportunity to access a hunting opportunity during a hunting season restricted to archery equipment only.

TO QUALIFY FOR THIS PERMIT, the applicant must have a permanent disability that includes one of the conditions listed in questions #2 to #7 below with a clear description under #8.

Please circle the answer to the following questions:

- | | | |
|--|------------------|------------------|
| 1) Is the applicant's disability <u>permanent</u> or <u>temporary</u> ? | Permanent | Temporary |
| 2) Is the applicant a paraplegic? | Yes | No |
| 3) Is the applicant a hemiplegic? | Yes | No |
| 4) Is the applicant a double lower limb amputee? | Yes | No |
| 5) Is the applicant a single above-the-knee amputee? | Yes | No |
| 6) Is the applicant an upper limb amputee? | Yes | No |
| 7) Does the applicant have a permanent upper limb physical condition that makes the applicant unable to use conventional archery equipment ? | Yes | No |

8) CAUSE AND CLEAR DESCRIPTION OF THE APPLICANT'S PHYSICAL DISABILITY. (print legibly and in layman's terms)

I have examined the applicant and hereby certify that the information noted herein is an accurate assessment of the applicant's physical disability.

Signature of Doctor:

Date Signed:

Doctor's Name (print clearly):

Office Telephone Number:
