

Standing Vehicle Permit Renewal Application



For the purpose of securing authorization to hunt from a standing vehicle, I attest that I **continue** to have a physical impairment and continue to require the use of the permit.

Further, I authorize my physician to furnish medical records regarding my disability, as may be required by the Department, in order to determine my **re-qualification** for this permit. I release my physician from any liability or any damages whatsoever in furnishing same. A photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

NOTE: IT IS NOT NECESSARY TO HAVE A PHYSICIAN COMPLETE THIS FORM.

The following is my true description	on:			
Name (printed): Street (or mailing) Address:		Date of	f Birth://	<u>/</u>
City:	County:	State:	Zip:	
Daytime Phone: () - Certification: Pursuant to 5 ILCS 100/10-65(counder penalty of perjury," that: ' I am not subject to a counder penalty of perjury than 2000 per penalty of perjury."	c), IDNR must require lie (check one) child support order.	cense applicants to c	certify as follows	
' I am not more than 30 day ' I am more than 30 day Applicant's Social Secur	ys delinquent in comply	ing with a child supp	port order.	
Disclosure of applicant's Social 8 65 for use under the State's child	Security Number is mand	latory pursuant to 42		3) and 5 ILCS 100/10
Failure to certify may result in de subject the licensee to contempt of			false statement n	may
I hereby certify that the informat	ion contained herein is tr	ue and accurate to th	e best of my kno	wledge.
Signature: Please return completed applica	tion to:	Date:		
Illinois Department of Natural F Office of Law Enforcement One Natural Resources Way Springfield, IL 62702-1271	Resources			

EQUAL OPPORTUNITY TO PARTICIPATE IN PROGRAMS OF THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES (IDNR) AND THOSE FUNDED BY THE U.S. FISH AND WILDLIFE SERVICE AND OTHER AGENCIES IS AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF RACE, SEX, NATIONAL ORIGIN, DISABILITY, AGE, RELIGION OR OTHER NON-MERIT FACTORS. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, CONTACT THE FUNDING SOURCE'S CIVIL RIGHTS OFFICE AND/OR THE EQUAL EMPLOYMENT OPPORTUNITY OFFICER, IDNR, 524 S. SECOND, SPRINGFIELD, IL., 62701-1785-0067; TTY 217/782-9175.