



Class Q Hunting/Fishing Permit

APPLICATION FOR PERSONS DISABLED IN LOWER EXTREMITIES

(304) 558-2771 • www.wvdnr.gov

Application for Class Q Special Hunting/Fishing Permit For Persons Disabled in Lower Extremities

For the purpose of securing authorization to possess a Class Q Permit, I attest that I am permanently and totally disabled due to paralysis or disease in the lower half of the body, which makes it impossible to ambulate successfully more than two hundred feet without assistance.

Further, I authorize my physician to furnish medical records regarding my disability, as may be required by the Division in order to determine my qualification for this permit. I release my physician from any liability or any damages whatsoever in furnishing my medical records. 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.

***NOTICE:** If you do not submit the application in full, you will not be considered for a Class Q Permit.

The following is my true description:

Name (Printed): _____

Date of Birth: _____ Social Security Number: _____

Address: _____

(Street, PO Box, or Route)

(City)

(State)

(Zip)

(County)

Daytime Phone: _____

Signature: _____ Date: _____

A Class Q permit entitles the holder to hunt from a motor vehicle and to possess a loaded firearm in a motor vehicle, but only under the following circumstances:

- (a) The motor vehicle is stationary;
- (b) The engine of the motor vehicle is not operating;
- (c) The permittee and one individual, who is at least sixteen years of age, to assist the permittee are the only occupants of the vehicle;
- (d) The individual assisting the permittee may not hunt with a firearm, bow or cross-bow while assisting the permittee;
- (e) The vehicle is not parked on the right-of-way of any public road or highway; and
- (f) The permittee observes all other pertinent laws and regulations.

*****The Class Q Permit does not exempt the individual from obtaining the required
Hunting, Fishing, or Trapping Licenses.*****

**WEST VIRGINIA DIVISION OF NATURAL RESOURCES
DISABILITY MEDICAL EVALUATION**

The following must be completed by a Licensed Physician.

PLEASE PRINT OR STAMP CLEARLY

PHYSICIAN'S NAME: _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE NUMBER: AREA CODE _____ **NUMBER** _____

1. I understand that as stated in Legislative Rule 58CSR46 paragraph 2.10, as it relates to hunting, fishing and trapping, "An Individual Permanently Disabled in the Lower Extremities", means an individual who is permanently and totally disabled due to paralysis or disease in the lower half of the body, which makes it impossible to ambulate successfully more than two hundred feet without assistance.

Does this patient meet the requirements as stated in the above Rule?

Yes: No:

2. If yes, what type of assistance is used? (Check all that apply)

Wheelchair: Canes: Walker: Crutches:

Prosthesis: Other: _____

3. How severe or substantial is this functional limitation?

Other: _____

4. In your opinion, does the impairment prevent the person from carrying out essential functions associated with hunting, fishing, or trapping?

Yes No:

If yes, please explain: _____

5. *If applicable:* Does the patient's impairment prevent him/her from handling a firearm or bow and arrow without the aid of adaptive equipment? (i.e. involuntary muscle spasms, loss of strength in arms, range of motion, etc.)

Yes: No:

If yes, please explain: _____

I certify that the patient whose name appears on this application is currently under my care and has the impairment stated.

Physician Signature Date

Physician License # _____

Send completed application to: **WV Division of Natural Resources
License Section
State Capitol Complex
Building 3, Room 624
Charleston, West Virginia 25305**