



Crossbow Permit Renewal Application



For the purpose of securing authorization to hunt with a crossbow, I attest that I **continue** to have a permanent physical impairment due to injury or disease, congenital or acquired, which renders me so disabled as to be unable to use a conventional bow and arrow device.

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:

Name (printed): _____ Date of Birth: ___ / ___ / ___

Street (or mailing) Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ - _____ Previous Permit Number: _____ Date Issued: ___ / ___ / ___

Certification:

Pursuant to 5 ILCS 100/10-65(c), IDNR must require license applicants to certify as follows: "I hereby certify, under penalty of perjury," that: (check one)

- I am not subject to a child support order.
- I am not more than 30 days delinquent in complying with a child support order.
- I am more than 30 days delinquent in complying with a child support order.

Applicant's Social Security Number: _____ - _____ - _____

Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65 for use under the State's child support enforcement program.

Failure to certify may result in denial of the application/renewal and making a false statement may subject the licensee to contempt of court [5 ILCS 100/10-65(c)].

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return completed application to:

Illinois Department of Natural Resources
Office of Law Enforcement
One Natural Resources Way
Springfield, IL 62702-1271

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., 62701-1787; 217/785-0067; TTY 217/782-9175.