



MAIL TO:  
ODFW – LICENSE SERVICES  
4034 Fairview Industrial Dr. SE  
Salem, OR 97302  
Phone: (503) 947-6101  
FAX: (503) 947-6117

## **Oregon Disabilities Hunting and Fishing Permit**

- **PLEASE CAREFULLY REVIEW THIS LETTER AND THE ATTACHED REGULATIONS PRIOR TO COMPLETING THE APPLICATION.**
- You are applying for a **Disability Permit** and not a license. You are required to purchase the appropriate hunting or fishing license and tags.
- Anyone who is age 17 or under must have a Hunter Education Certification in their possession when hunting on other than their own land.
- Permits are valid for five calendar years, and expire on **December 31** of the fifth calendar year.
- If you **submit an application after November** please specify if you want the permit to be issued in the current year or to start in January of the following year.

### **DEFINITION OF AN INDIVIDUAL WITH DISABILITY & ELIGIBILITY REQUIREMENTS.**

- (1) Written certification from a licensed physician, licensed physician assistant or certified nurse practitioner which states that the applicant:
  - a) Is **permanently unable to walk** without the use of, or assistance from, a brace, cane, crutch, prosthetic device, wheelchair, scooter or walker fulltime. Note: A brace and prosthetic device are defined as an orthosis/prosthesis that is prescribed by a physician and fabricated by an orthotist/prosthetist certified by the American Board for Certification in Orthotics and Prosthetics, Inc;
  - b) Is restricted by lung disease to the extent that the person's forced expiratory volume for one second, when measured by a spirometer, is less than 35 percent predicted, or arterial oxygen tension is less than 55 mm/Hg on room air at rest;
  - c) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards established by the American Heart Association;
  - d) Has a permanent, physical impairment that prevents the person from holding or shooting a firearm or bow, or from holding a fishing rod in hand; or
  - e) Has central visual acuity that permanently does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the applicant's visual field is no greater than 20 degrees; or
- (2) Written proof that the last official certification of record by the United States

Department of Veterans Affairs or any branch of the Armed Forces of the United States shows the person to be at least 65 percent disabled (ORS 496.018).

The Disabilities Permit is not a license or tag. You must still obtain a hunting license and apply for and purchase appropriate tags prior to specified tag sale deadlines to hunt in controlled and general big game seasons. You must be in possession of your Disabilities Permit, license, and tag while you are hunting (this applies even to a holder of a Disabled Veteran/Pioneer license and tag). All license and tag fees are at regular rates. In addition, you may hunt only in the time period specified for the tag you possess. A holder of a Disabled Veteran/Pioneer elk tag must also possess a Disabilities Permit to be eligible for an expanded bag limit or to hunt from a parked motor vehicle.

A Disabilities Permit does not allow the permit holder to travel on any closed road by means of a motor-propelled vehicle.

The following applies only for persons defined in number (1) e. A visually impaired hunter must comply with all other tag, permit and stamp requirements of the State Fish and Wildlife Commission and applicable hunting laws (ORS 498.170).

A person, who is not visually impaired and who accompanies a hunter who is visually impaired (as defined in (1) e.) and possesses a Disabilities Permit, may:

- assist the hunter in selecting a game animal or bird;
- assist the aiming or sighting of a firearm;
- advise the hunter when to fire a firearm;
- shoot a game animal or bird on behalf of the hunter while in the immediate presence of the hunter; and
- tag and retrieve game animals and birds on behalf of the hunter.

The person accompanying a hunter who is visually impaired:

- Is required to possess a valid hunting license.
- May also hunt game animals or birds if the person possesses the appropriate tags, permits and stamps for the area and time period.

A Disabilities Permit holder may:

- Hunt from a parked motor-propelled vehicle except on any public road. A public road is defined as including the road, shoulders, and right of way of all public highways, county roads and city streets, and on all public roads thru private land. On public land where hunting is allowed (not including highways, county roads, and city streets) "road" is defined as the "roadway", or traveled portion of the road, and hunting is allowed from a parked vehicle so long as the vehicle is off the roadway, weapons are not fired from or across the roadway, and shooting is conducted in a safe and ethical manner.
- Have an able-bodied companion accompany him or her and kill any animal wounded by the permit holder. The wounded animal must be killed using a legal weapon for the season and species designated on the tag. The companion must immediately attach the permit holder's tag to the carcass of the animal. The companion is not required to possess a hunting license or tag, except that a person accompanying a visually impaired hunter is required to possess a valid hunting license. (OAR 635-065-0090(3)).

- May angle from an anchored craft in waters where angling from a floating device is prohibited by ODFW. This allowance does not supersede safety or security regulations enacted by other agencies.
- A person may assist a disabled angler provided:
  1. The person assisting the disabled angler has the appropriate license and tags in possession and a copy of the disabled angler's Oregon Disabilities Hunting and Fishing Permit while providing assistance.
  2. The Oregon Disabilities Hunting and Fishing Permit holder is present and participating in the angling activities.
  3. Fish harvested while providing assistance to the Oregon Disabilities Hunting and Fishing Permit holder become part of the Oregon Disabilities Hunting and Fishing Permit holder's bag and possession limit.
  4. The disabled angler and their assistant(s) may only use one fishing rod while being assisted or providing assistance.
  5. The person(s) assisting the disabled angler may be in possession of their daily bag limit and still assist the disabled angler.
- A person may assist a disabled clam digger, provided:
  1. Both diggers have their own containers for clams; and
  2. The disabled clam digger is within 100 yards and within line of sight of the assistant while the assistant is digging; and
  3. The disabled clam digger has their Oregon Disabilities Hunting and Fishing Permit in possession on the clam beds; and
  4. The person assisting the clam digger holding the Oregon Disabilities Hunting and Fishing Permit has a copy of the said permit in possession on the clam beds.

## INSTRUCTIONS

- Please complete the following pages of the attached application. **NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**
- Your physician must **thoroughly answer all the questions** pertaining to your disability on the application. Sections not pertaining to your disability should be left blank.
- You must meet the criteria of an individual with a disability as defined in the Disability Permit application in order to qualify for a Disabilities Permit.
- You and your physician must provide documentation as to how your disability impacts and interferes with your ability to perform the essential functions required to participate in wildlife recreational activities
- **Thoroughly answer** the questions as most processing delays are due to incomplete responses.
- In order to allow ODFW time to process your request, please submit your request 30 days prior to your hunt's tag sale deadline.
- Depending on the answers provided on the application, additional information, documentation or a telephone interview may be required to support your request for a permit.
- **YOU AND YOUR PHYSICIAN MUST SIGN THIS APPLICATION.** By signing the affidavit you are agreeing that this information is accurate and true.
- Your physician must clarify in the documentation "in layman's terms" how your impairment would appear to a law enforcement officer. **If your impairment is not visible, your physician needs to state that on the application.**
- Your physician must initial the qualifying condition.
- **Those applying for a Disability Permit as a Disabled Veteran** must provide written proof that they are at least 65% disabled by providing a copy of the latest official certification of review from the U.S. Dept. of Veterans Affairs in place of a physician application.
- Mail completed application to: ODFW- License Service  
4034 Fairview Industrial Dr. SE  
Salem, OR 97302

If you have any questions, please contact  
ODFW, Salem Headquarters,  
at 503-947-6101.  
Thank you for your interest in this program.

ODFW Use only:  
Permit number \_\_\_\_\_  
Initials \_\_\_\_\_ Issue date \_\_\_\_\_

APPLICATION FOR OREGON DISABILITIES HUNTING AND FISHING PERMIT

(Please Type or Print)

**TO BE COMPLETED BY ALL APPLICANTS:**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**

RENEWAL: ☐

FIRST TIME APPLICANT: ☐

Hunter/Angler Id Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
mm/dd/yyyy Female \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
Area

(Remember to sign page 12 of the application)

**TO BE COMPLETED BY DISABLED VETERAN APPLICANTS ONLY:**

☐

**Disabled Veterans only:** I am at least 65% disabled as certified by the last official certification of record by the U.S. Dept. of Veterans Affairs or any branch of the Armed Forces of the United States  
(Attach written proof from the U.S. Dept. of Veterans Affairs or Armed Forces).

**To be completed by Disabled veterans:**

All fields are required.

**I hereby swear, under penalty of perjury, that I am a disabled Veteran.**

**Applicant Name** (please print): \_\_\_\_\_

**SIGNATURE of Applicant:** \_\_\_\_\_

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

**TO BE COMPLETED BY LICENSED PHYSICIAN, LICENSED PHYSICIAN ASSISTANT OR CERTIFIED NURSE PRACTITIONER:** (Applicants do not write in these fields.)

NOTE: Incomplete applications will not be accepted. **All qualifying sections that meet the applicant's disability must be filled out completely!**

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1. Applicant is **permanently unable to walk** without the use of or assistance from a brace, cane, crutch, prosthetic device, wheelchair, scooter or walker. Note: A brace and prosthetic device are defined as an orthosis/prosthesis that is prescribed by a physician and fabricated by an orthotist/prosthetist certified by the American Board for Certification in Orthotics and Prosthetics, Inc;

Has the applicant been prescribed any of the following ambulatory devices or prosthetic devices?

Wheelchair: \_\_\_\_\_  
Scooter: \_\_\_\_\_  
Cane(s): \_\_\_\_\_  
Walker: \_\_\_\_\_  
Crutches: \_\_\_\_\_  
Prosthetic device: \_\_\_\_\_  
Brace(s) \_\_\_\_\_

**NOTE: TO QUALIFY APPLICANT IS PERMANENTLY UNABLE TO WALK WITH OUT ASSISTANCE.**

In accordance with the Oregon Dept. of Fish & Wildlife regulations, does the applicant's disability meet the definition above?

YES: \_\_\_\_\_ PHYSICIAN'S INITIALS

NO: \_\_\_\_\_ PHYSICIAN'S INITIALS



In "LAYMAN'S TERMS", PLEASE DESCRIBE THE NATURE/DIAGNOSIS OF THE PERMANENT IMPAIRMENT AS IT IMPACTS THE APPLICANT'S ability to participate in big game hunting, fishing or other outdoor recreation **and** particularly **how the impairment would appear to a law enforcement officer.**

(Please be specific and use additional sheets if needed)

**If the impairment is not visible, please also state this below.**

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**2) Applicant is restricted by lung disease to the extent that applicant's forced expiratory volume for one second, when measured by a spirometer, is less than 35 percent predicted, or arterial oxygen tension is less than 55 mm/Hg on room air at rest;**

In accordance with the Oregon Dept. of Fish & Wildlife regulations, does the applicant's disability meet the definition above?

**YES:** \_\_\_\_\_ **PHYSICIAN'S INITIALS**

**NO:** \_\_\_\_\_ **PHYSICIAN'S INITIALS**



In "LAYMAN'S TERMS", PLEASE DESCRIBE THE NATURE/DIAGNOSIS OF THE PERMANENT IMPAIRMENT AS IT IMPACTS THE APPLICANT'S ability to participate in big game hunting, fishing or other outdoor recreation **and** particularly **how the impairment would appear to a law enforcement officer.**

(Please be specific and use additional sheets if needed)

**If the impairment is not visible, please also state this below.**

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**3.) Applicant has a cardiac condition to the extent that applicant's functional limitations are classified in severity as Class III or Class IV, according to standards established by the American Heart Association;**

In accordance with the Oregon Dept. of Fish & Wildlife regulations, does the applicant's disability meet the definition above?

**YES:** \_\_\_\_\_ **PHYSICIAN'S INITIALS**



**NO:** \_\_\_\_\_ **PHYSICIAN'S INITIALS**

In "LAYMAN'S TERMS", PLEASE DESCRIBE THE NATURE/DIAGNOSIS OF THE PERMANENT IMPAIRMENT AS IT IMPACTS THE APPLICANT'S ability to participate in big game hunting, fishing or other outdoor recreation **and** particularly **how the impairment would appear to a law enforcement officer.**

(Please be specific and use additional sheets if needed)

**If the impairment is not visible, please also state this below.**

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**4.) Applicant has a permanent, physical impairment that prevents the person from holding or shooting a firearm or bow or from holding a fishing rod in hand;**

In accordance with the Oregon Dept. of Fish & Wildlife regulations, does the applicant's disability meet the definition above?

**YES:** \_\_\_\_\_ **PHYSICIAN'S INITIALS**

 **REQUIRED**

**NO:** \_\_\_\_\_ **PHYSICIAN'S INITIALS**

In "LAYMAN'S TERMS", PLEASE DESCRIBE THE NATURE/DIAGNOSIS OF THE PERMANENT IMPAIRMENT AS IT IMPACTS THE APPLICANT'S ability to participate in big game hunting, fishing or other outdoor recreation **and** particularly **how the impairment would appear to a law enforcement officer.**

(Please be specific and use additional sheets if needed)

**If the impairment is not visible, please also state this below.**

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The applicant's impairment prevents the person from holding:

Firearm: \_\_\_\_\_

Bow: \_\_\_\_\_

Fishing Rod: \_\_\_\_\_

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5.) Applicant has central visual acuity that permanently does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the Applicant's visual field is no greater than 20 degrees.

In accordance with the Oregon Dept. of Fish & Wildlife regulations, does the applicant's disability meet the definition above?

YES: \_\_\_\_\_ PHYSICIAN'S INITIALS

NO: \_\_\_\_\_ PHYSICIAN'S INITIALS



In "LAYMAN'S TERMS", PLEASE DESCRIBE THE NATURE/DIAGNOSIS OF THE PERMANENT IMPAIRMENT AS IT IMPACTS THE APPLICANT'S ability to participate in big game hunting, fishing or other outdoor recreation **and** particularly **how the impairment would appear to a law enforcement officer.**

(Please be specific and use additional sheets if needed)

**If the impairment is not visible, please also state this below.**

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**TO BE COMPLETED BY LICENSED PHYSICIAN, LICENSE  
PHYSICIAN ASSISTANT, OR CERTIFIED NURSE  
PRACTITIONER:**

All fields are required.

**I hereby swear, under penalty of perjury** that I, the undersigned, am a licensed physician, licensed physician assistant, or certified nurse practitioner for the above named applicant, and do hereby certify the applicant to be disabled as defined by (ORS 496.018):

- (1) Written certification from a licensed physician, licensed physician assistant or certified nurse practitioner which states that the applicant:
- a) Is permanently unable to walk without the use of, or assistance from, a brace, cane, crutch, prosthetic device, wheelchair, scooter or walker fulltime. Note: A brace is defined as an orthosis that is prescribed by a physician and fabricated by an orthotist certified by the American Board for Certification in Orthotics and Prosthetics, Inc;
  - b) Is restricted by lung disease to the extent that the person's forced expiratory volume for one second, when measured by a spirometer, is less than 35 percent predicted, or arterial oxygen tension is less than 55 mm/Hg on room air at rest;
  - c) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards established by the American Heart Association;
  - d) Has a permanent, physical impairment that prevents the person from holding or shooting a firearm or bow, or from holding a fishing rod in hand; or
  - e) Has central visual acuity that permanently does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the applicant's visual field is no greater than 20 degrees; or

**Medical Practitioner's License Number:** \_\_\_\_\_

**Medical Practitioner's Name (please print):** \_\_\_\_\_

**Signature of Medical Practitioner:** \_\_\_\_\_

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

**Street Address or Box Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_)\_\_\_\_-\_\_\_\_ **Fax:** (\_\_\_\_)\_\_\_\_-\_\_\_\_

**TO BE COMPLETED BY APPLICANT:**

**\*\*All fields are required.**

**I hereby swear, under penalty of perjury, that I am disabled as described in ORS 496.018.**

**ORS 496.018**

- (1) Written certification from a licensed physician, licensed physician assistant or certified nurse practitioner which states that the applicant:
- a) Is permanently unable to walk without the use of, or assistance from, a brace, cane, crutch, prosthetic device, wheelchair, scooter or walker fulltime. Note: A brace is defined as an orthosis that is prescribed by a physician and fabricated by an orthotist certified by the American Board for Certification in Orthotics and Prosthetics, Inc;
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  - d) Has a permanent, physical impairment that prevents the person from holding or shooting a firearm or bow, or from holding a fishing rod in hand; or
  - e) Has central visual acuity that permanently does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the applicant's visual field is no greater than 20 degrees.

**Additionally, I hereby swear, under penalty of perjury, that all the information in this application is true and accurate and has been completed by a licensed physician, license physician assistant or certified nurse practitioner.**

**Applicant Name (please print):** \_\_\_\_\_

**SIGNATURE of Applicant:** \_\_\_\_\_

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