



# APPLICATION AND DISABILITY PERMIT

## TAKE BIG GAME AND/OR SMALL GAME WITH A CROSSBOW

**PERMIT TYPE:**    • *Two-Year Temporary* (at least two-year disability)    • *Permanent* (Permanent Disability)

**I. APPLICANT SECTION:**

**I, The undersigned, hereby apply for a special permit,** without fee, to take big game and/or small game (including turkey), with a crossbow during the open season, based upon my disability status. By my signature, I attest that I am unable to hunt by archery because of a physical disability verified by medical evidence.

Applicant's Name (First, Middle, Last) ( <b>PRINT</b> or <b>TYPE</b> )	Date of Birth	1854 Identification Card Number
Address (No. & Street, City, State, Zip Code)	Telephone Number (Include Area Code)	
Applicant's Signature	Date	

**II. PHYSICIAN SECTION:**

The above applicant has applied for a disability permit to hunt with a crossbow. 1854 Code restricts such permits to persons who have a disability, rendering them unable to hunt by conventional archery. This disability must be verified by a licensed physician. Please refer to the following guidelines to determine whether this applicant qualifies for a crossbow permit.

1. Physical disabilities which, in your opinion, will render the applicant unable to hunt by conventional archery for a minimum of two years from the date of examination will qualify the applicant for a crossbow permit.
2. The physical condition must be serious enough to render the person unable to hunt by archery for a minimum of two years, not merely inconvenience them. Many physicians have found that the following conditions render individuals incapable of using conventional archery equipment: amputation of the arm or hand, chronic dislocating shoulder, paralysis, severe chronic rotator cuff injury, severe heart condition, severe upper extremity arthritis, or other serious medical condition which makes use of conventional archery equipment impossible.
3. Physical conditions relating completely to the comfort level of the applicant are not acceptable criteria for the issuance of a crossbow permit.

**THE FOLLOWING IS A BRIEF STATEMENT OF THE DISABILITY: (*Please complete this entire section.*)**

- This disability is **temporary and will last for a minimum two years** from the date of this examination.
- This is a **permanent disability.**

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**I certify that I am a licensed physician. I have examined the above named applicant and verify that this individual is physically unable to hunt by archery due to a disability.**

Physician or Chiropractor Name (First, M.I., Last) ( <b>PRINT</b> or <b>TYPE</b> )	Daytime telephone Number (Include Area Code)
Licensed Physician or Chiropractor Signature	Date

**\*PLEASE SEE OTHER SIDE FOR PERMIT CONDITIONS, ADDITIONAL INFORMATION, AND INSTRUCTIONS\***

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(continuation form front)

**III. PERMIT CONDITIONS:**

1. Permittee must comply with all laws and rules relating to seasons, bag limits, transportation of archery equipment, trespass, and all other applicable provisions.
2. Crossbows used for hunting under this permit must:
  - a. Be fired from the shoulder,
  - b. Deliver at least 42 foot-pounds of energy at a distance of 10 feet,
  - c. Have a stock at least 30 inches long,
  - d. Have a working safety, and
  - e. Be used with arrows or bolts at least 10 inches long.
  - f. In addition, arrowheads used for hunting big game or turkey must be sharp, have a minimum of two metal cutting edges, be of barbless broadhead design, and must have a diameter of at least 7/8 inch.
3. Permit is valid for a period of two years or is permanent, as indicated on front of this application. This permit may be revoked, amended, suspended, or modified at any time for cause, including but not limited to: Change in permit laws or rules; change in disability eligibility; or violation of hunting, trespass, or archery bow transportation laws.
4. Permit and a valid license must be in possession while hunting with a crossbow.
5. Permit is valid only when fully completed, signed by applicant, signed by a licensed physician, and a duplicate copy has been submitted to the 1854 Treaty Authority (see address below). There are no further approvals required.
6. The completed and signed permit form (duplicate) must be returned to the 1854 Treaty Authority:

**1854 Treaty Authority  
4428 Haines Road  
Duluth, MN 55811-1524**

**Phone (218) 722-8907  
(800) 775-8799 (toll free)  
Fax (218) 722-7003**