

OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION

Street Address:  
2145 NE 36<sup>th</sup> St  
Oklahoma City, OK 73105  
(405) 521-3852

Mailing address:  
P.O. Box 53465  
Oklahoma City, OK 73152

<b>For Office Use Only</b>
Permit # _____
Date Issued _____

**Non-ambulatory Hunting Permit Application**

Please refer to application requirements on the back of the application. There is no charge for this permit.

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Street Address \_\_\_\_\_

City \_\_\_\_\_, Oklahoma Zip Code \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Day Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

**DOCTOR'S STATEMENT**

I certify that this applicant, to the best of my knowledge, is unable to walk due to (A) single or double leg amputation; (B) paralysis of lower extremity(ies) and/or; (C) disease or injury and must use a wheelchair as their primary source of mobility.

**NATURE OF DISABILITY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Doctor's Mailing Address \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Department Employee

## **Non-ambulatory Hunting Permit Application Requirements**

As of July 25, 1996, the Oklahoma Department of Wildlife Conservation has established the following policy for non-ambulatory permits for the use of motorized vehicles for hunting on Department-managed lands.

1. Non-ambulatory hunting permits will be issued to qualified permanently non-ambulatory applicants for a five year period.
2. Applicant must obtain a doctor's signature and statement of nature of disability as proof of permanent status.
3. Disability must be permanent with no hope of recovery during applicant's lifetime.
4. Disability must be to the extent that the applicant must use a wheelchair as their primary source of mobility due to leg(s) amputation, paralysis of lower extremity(ies) and/or disease or injury.
5. Applicant must have name, telephone number, and signature of certifying medical doctor licensed to practice medicine in Oklahoma.
6. Permit will be for hunting wildlife that may be legally taken during open seasons on Department-managed lands. ORV/ATV motor vehicle use is intended only as a means of facilitating access. During the actual taking of any wildlife, the vehicle being used by the permittee must be stopped and the engine must be turned off. ORV/ATV vehicles must weigh less than 1,250 pounds. Holders of this permit must also have all appropriate hunting licenses and tags or proof of exemption.
7. Applicant must allow at least 10 days for verifying, processing, and mailing permit. Permit cannot be issued on the same day of application.
8. Applicant must carry the provided permit and a current hunting license. A provided sticker must be conspicuously displayed to designate the vehicle as being used by a non-ambulatory permittee. Attaching the sticker to a removable plate which may be displayed on more than one vehicle is suggested.