



APPLICATION
CERTIFICATE OF REGISTRATION
Special Season Extension for Disabled Persons
For Any Limited Entry Hunt (Excludes Antlerless Hunts)

Attention: False, inaccurate, or misleading information on this application is a criminal offense and violation of Utah Code Title 23 Chapter 19 Section 5

Rule R657-12, under Special Season Extension for Disabled Persons "allows" or "states":

- (1) A person may obtain a Certificate of Registration from a Division office requesting an extension of 30 days for any limited entry hunt, provided the person requesting the extension:
(a) is blind, quadriplegic, upper extremity disabled, paraplegic, or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or who has lost either or both lower extremities;
(b) Satisfies the hunter education requirements as provided in Section 23-19-11 and Rule R657-23; and
(c) Obtains the appropriate license, permit and tag.
(2) The division shall not issue a Certificate of Registration for a 30-day extension on any limited entry hunt where the extension will violate federal law.
(3) "Crutches" means a staff or support designed to fit under or attach to each arm, including a walker, which improve a person's mobility that is otherwise severely restricted by a permanent physical injury or disability.

As the applicant I have read and understand the requirements for obtaining this Certificate or Registration.

Certificate of Registration is issued upon approval of application, and applicant's purchase of the required license/permit/tag.

I HEREBY APPLY FOR A CERTIFICATE OF REGISTRATION IN ACCORDANCE WITH THE ABOVE STIPULATIONS

Customer Identification #

Name Phone Number

Address City State Zip

Date of Birth Gender Weight Height Eye Color Hair Color

I hereby certify under oath that the above information is true and correct, and that I am eligible to obtain this Certificate of Registration in accordance with the stipulations of Rule R657-12, under Special Season Extension for Disabled Persons.

Signature of Applicant Date

For more information or additional consideration please contact: Brad Vaske (801) 538-4815

Fax to: (801) 538-4858

Mail originals to: Attention Licensing

1594 West North Temple Suite 2110

Salt Lake City UT, 84114

\*You must provide the original documentation prior to being issued a C.O.R. You may bring this to any division office.

**PHYSICIAN'S STATEMENT**

(Must be completed and signed by physician for physical disabilities other than blindness; or by a physician, ophthalmologist, or optometrist for vision disabilities)

I hereby certify the above named applicant meets the criteria of legally blind, upper extremity disabled, paraplegic, quadriplegic, losing either or both lower extremities, or otherwise permanently disabled so as to be confined to a wheelchair or the use of crutches.

1. The applicant is blind?:  Yes  No

"Blind" means the person has no more than 20/200 visual acuity in the better eye when corrected; or has, in the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision 20 degrees or less.

2. The applicant is paraplegic?:  Yes  No

3. The applicant is quadriplegic?:  Yes  No

4. The applicant's physical impairment is Permanent?:  Yes  No

5. This physical impairment permanently confines the applicant to the use of crutches, or a wheelchair?:  Yes  No

"Crutches" means a staff or support designed to fit under or attach to each arm, including a walker, which improve a person's mobility that is otherwise severely restricted by a permanent physical injury or disability.

6. This physical impairment involves the permanent loss of use of at least one of the applicant's lower extremities?:

Yes  No

"Loss of either or both lower extremities" means the permanent loss of use or the physical loss of one or both legs or a part of either or both legs which severely impedes a person's mobility.

7. The applicant is upper extremity disabled?  Yes  No

"Upper extremity disabled" means a person who has a permanent physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be physically unable to use any legal hunting weapon or fishing device.

Please explain how the impairment satisfies the state requirement found on this application: (attach additional pages as necessary)

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

**Dr. Office Use Only:**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Title \_\_\_\_\_

Physician Name (print) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Affix Office Stamp Here: Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Division Use Only:**

Applicant meets the qualifications for this COR  Y  N  Need more information

Region \_\_\_\_\_ Date: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For more information or additional consideration please contact: Brad Vaske (801) 538-4839**