

For Official Use Only

Issued By: _____ Date: _____

Visually Impaired Permit #: _____

Application for Special Hunting Permit for the Permanently Visually Impaired

A special hunting permit for the visually impaired entitles the permit holder, accompanied by an assistant, to hunt utilizing a laser for sighting and aiming systems in order to select game. The permit holder may hunt using this special permit under the following conditions:

- The permit holder must possess a valid hunting license or be exempt from those license requirements.
- The permit holder must be accompanied by an assistant whom is an adult at least 18 years of age and does not have a visual impairment.
- The assistant must possess a valid hunting license or be exempt from those license requirements.
- The assistant must possess a valid hunter education certificate regardless of age.
- The assistant must be able to help the permit holder safely sight/aim the firearm, bow or crossbow to ensure the game is legal and safe for the permit holder to take.
- The assistant may help to dispatch any wounded game for the permit holder, however the permit holder must be present.
- The assistant shall assist with retrieving and tagging of the game.
- The assistant may not hunt with a firearm, bow, or crossbow while assisting the permit holder.
- The permit holder shall observe all other pertinent laws and regulations.

**This application must be completed in full.
An incomplete application will not be considered and returned to the applicant unprocessed.**

I attest that I understand the conditions required for the issuance of a special permit for the visually impaired.
I attest that I am permanently visually impaired.

The following is my true description:

Name (please print): _____ Email: _____

Date of Birth: _____ WV DNR ID #: _____ Telephone: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Address: _____
(Street, PO Box, Route) City State Zip County

Applicant Signature: _____ Date: _____



West Virginia Division of Natural Resources

West Virginia Division of Natural Resources Disability Medical Evaluation

THE FOLLOWING MUST BE COMPLETED BY A LICENSED OPTOMETRIST OR OPHTHALMOLOGIST:

Please print or stamp clearly. If not legible, the application will not be accepted.

Optometrist or Ophthalmologist Name: _____

Address: _____
(Street, PO Box, or Route) City State Zip

Title: _____ Telephone: _____ Fax: _____

- I understand that by the authority of the Director of the Division of Natural Resources, pursuant to W. Va. Code §20-2-5, in order to be issued a special hunting permit for visually impaired persons, an applicant must be permanently visually impaired and meet one of the visual acuity conditions listed below:
 - Visual acuity does not exceed 20/200 in the better eye with best correction, or;
 - Visual acuity, if better than 20/200, is accompanied by a limit to the field of vision to such a degree that its widest diameter subtends an angle of no greater than 20 degrees
- and the above checked visual impairment of the applicant is permanent.

I certify the patient whose name appears on this application is currently under my care and has the visual impairment stated above.

Optometrist / Ophthalmologist Signature

Date

Print Optometrist / Ophthalmologist Name

Optometrist / Ophthalmologist Telephone #

Print Optometrist / Ophthalmologist License Number and State of Issue

Applicant Signature

Date

Print Applicant Name

Send completed application with original signatures
to: West Virginia Division of Natural Resources
324 Fourth Avenue
South Charleston, WV 25303