

For Official Use Only				
Issued By:	Date:			
Class Q Permit No.				

## **Application for Class Q Special Hunting Permit for Disabled Person**

A Class Q Permit entitles the permit holder to hunt from a motor vehicle and to possess a loaded firearm in a motor vehicle under the following circumstances only:

- The permittee holds a valid hunting license or is exempt from those license requirements.
- The motor vehicle is stationary.
- The engine of the motor vehicle is not operating.
- The permittee and one individual, whom is at least 16 years of age, to assist the permittee are the only occupants of the motor vehicle.
- The individual assisting the permittee may not hunt with a firearm, bow, or crossbow while assisting the permittee.
- The vehicle is not parked on the right-of-way of any public road or highway.
- The permittee observes all other pertinent laws and regulations.
- This application must be completed in full. An incomplete application will not be considered for a Class Q permit.

I attest that I understand the conditions of permanent disability required for issuance of a Class Q permit and that I am permanently disabled due to one or more of these conditions.

> DNR-CR-Q1 5/30/2019



## West Virginia Division of Natural Resources Disability Medical Evaluation

## THE FOLLOWING MUST BE COMPELETED BY A LICENSED PHYSICIAN/APRN/PA OR CHIROPRACTIC PHYSICIAN:

Please pri	nt or stamp clearly. If not legible, the ap	plication will not be	accepted.	
Physician,	/APRN/PA/Chiropractic Physician Name:			
Address:				
	(Street, PO Box, or Route)	City	State	Zip
Title:	le:Telephone:		Fax:	
di	understand that as stated in W. Va. Code is abled persons, an applicant must meet nly those which apply.			
	Permanent or irreversibly physical disacutches, one leg brace or external prosth mobility.		•	
	Multiple conditions that result in a mir	nimum of 90 percent	loss of use of a lower e	extremity.
	Lung disease to the extent that forced one liter or the arterial oxygen tension is	•		
according	Cardiovascular disease to the extent the to standards set by the American Heart or anginal pain.			•
* I certify above.	the patient whose name appears on this	s application is currei	ntly under my care and	has the impairment stated
Physician,	/APRN/PA/Chiropractic Physician Signati	ure	Date	
Print Phys	sician/APRN/PA/Chiropractic Physician L	icense Number and S	tate of Issue	
 Applicant	Signature		Date	
Print App	licant Name			

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