

Instructions for Completing the Methods and Means Exemption Application Form

Important: This application should be submitted at least 30 days prior to the start of your hunt.

Part 1. To be completed by the Applicant

- Enter your name and contact information.
- Check one of the boxes to indicate whether you have a resident or non-resident hunting license.
- 1. Please identify the exemption you are requesting. The most common exemptions include:
 - To use a crossbow or draw-lock in an archery-only hunt
 - To use an ATV in a controlled use area (you **must** specify the hunt number, location, and hunt dates for your application to be considered).
 - To use a laser sight to take game.
- 2. If you are requesting a crossbow exemption for an archery-only hunt, please list your crossbow education certification number.
- 3. Please explain how your disability limits your ability to comply with the methods and means restriction at issue, in other words, how your disability limits your ability to participate in the hunt without receiving an exemption.
- 4. Please sign and date the application certifying that the information contained within it is true.

Part 2. To be completed by the Physician (medical doctor licensed to practice in the State of Alaska, not a physician's assistant or nurse)

- 5. Please describe the nature and extent of the applicant's condition or disability. **It is important to understand that you are not being asked to provide a medical diagnosis on this form.**
 - To qualify for a methods and means exemption, the hunter must have a disability that substantially limits his or her ability to comply with existing methods and means restrictions. **Please address this issue when describing the nature and extent of the applicant's condition or disability or the exemption may not be granted due to lack of information.**

Examples of qualifying disabilities include:

- Loss, loss of use, or substantial impairment of one or both upper or lower extremities.
 - Inability to walk over natural terrain without the assistance of another person, prosthetic device, crutches, brace, or other mechanical, assistive device.
 - Requiring a wheelchair for mobility.
 - Blind or visually impaired.
 - Inability to walk for long distances (comparable to that of an average person in the general population) without assistance or a rest due to cardiac or lung disease where:
 - Forced (respiratory) expiratory volume for one (1) second when measured by spirometry is less than one (1) liter or his arterial oxygen tension (po) is less than 60 mm/Hg on room air at rest.
 - **Or** functional limitations due to cardiac disease are classified in severity as class III or class IV according to standards accepted by the American Heart Association.
- 5. Check "yes" if the condition or disability is not expected to improve, check "no" if improvement is possible or likely.
 - 6. Your signature indicates that the applicant's condition or disability substantially limits his or her ability to comply with the methods and means restriction identified in Part 1 of the form.