

Application for Methods and Means Disability Exemption

Under 5 AAC 56.038, the Alaska Department of Fish and Game may issue a special exemption to provide meaningful access to department services, programs or benefits for persons with disabilities.

ALL PARTS OF THIS FORM MUST BE COMPLETED

PART 1 - Description of nature and extent of patient's disability (to be completed by physician):

_____	_____
Patients Name	Physician's Printed Name & Signature
_____	_____
Patient's Address	Physician's License # / Alaska

PART 2 (to be completed by Applicant)

For what regulation are you requesting an exemption? _____

What exemption are you requesting? _____

Dates of requested exemption: From _____ to _____.

PART 3 - Applicant's Statement: Explain how the regulation prevents or limits participation in an activity or department program (e.g., a particular hunt).

PLEASE ATTACH A SEPARATE SHEET OF PAPER FOR ADDITIONAL COMMENTS OR INFORMATION

I have personally reviewed the information in this application and I certify under penalty of perjury that to the best of my knowledge and belief the information provided herein is true and correct.

X _____
Applicants Signature Date

This exemption request must be submitted to the **Alaska Department of Fish and Game, Division of Sport Fish, 333 Raspberry Road, Anchorage, AK 99518, ATTN: REGIONAL SUPERVISOR**, no less than 30 days before the requested effective date of the exemption.