

RETURN COMPLETED FORM TO:
 Alaska Department of Fish and Game
 Wildlife Conservation Division



Permit to Hunt from a Boat in GMUs 1-5, 6D

(APPLICATION ONLY)

The person described on this application is authorized to shoot from a boat to take big game in GMUs 1-5, and black bears in GMU 6D, under the terms of 5AA 92.085(9)&(12), subject to conditions stated, as long as the motor has been completely shut off and the progress from the motor's power has ceased.

Applicant Name (First)	(Middle)	(Last)	FOR DEPARTMENT USE ONLY		
Mailing Address			Permit Number	<u>TEMPORARY</u> Permit Period ____/____/____ -- 12/31/20____	
City	State	Zip Code	Date Issued	Issued By	
Daytime Phone		Date of Birth	Applicant Physical Address		
Sex	Height	Weight	Color Eyes	Color Hair	City State Zip Code

Complete either the Physician's Affidavit **OR** attach written proof that you receive at least 70 percent physical disability compensation from a government agency. Sign the Licensee Affidavit and return form to ADF&G.

PHYSICIAN'S AFFIDAVIT	LICENSEE AFFIDAVIT
<p>I certify under penalty of perjury that the applicant is at least 70 percent physically disabled. I am licensed to practice medicine in the State of Alaska.</p> <p>.....</p> <p>Is the patient's disability permanent or temporary?</p> <p><input type="checkbox"/> •Permanent - Permit DOES NOT expire</p> <p><input type="checkbox"/> •Temporary - Permit EXPIRES December 31 of current year</p>	<p>I have personally reviewed the information on this application, and I certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct, and that I am entitled to hunt under the conditions of AS 16.05.940(26) provided I obtain the necessary licenses and permits before hunting. I also understand that information on this application is subject to public disclosure. (NOTE: Making a false statement or omitting a material fact is subject to a maximum penalty of \$5,000 or 1 year imprisonment, or both, per AS 11.56.210 and AS 16.05.420).</p> <p>.....</p> <p>I further understand; 1) as a Disabled Hunter permit holder I may only shoot from a boat when the motor is turned completely off and when progress from the motor has ceased, and 2) an able-bodied companion may help me retrieve game I have taken, <u>but that companion may not shoot from the boat.</u></p>
Physician's Alaska License Number	Hunter's Signature
Physician's Name (Print)	Date
Mailing Address	
City, State, Zip Code	
Physician's Signature	
Date	

AS 16.05.940(26) "person with physical disabilities" means a person who presents to the department either written proof that the person receives at least 70 percent disability compensation from a government agency for a physical disability or an affidavit signed by a physician licensed to practice medicine in the state that the person is at least 70 percent disabled.

Questions about this application? Please call: ADF&G Permitting Division, Juneau 907-465-4148
 ADF&G ADA Coordinator: Statewide Telecommunication Device for the Deaf (TDD) 1- 800-478-3648 or (Juneau TDD) 907-465-3646