Physician’s Affidavit of Physical Disability for Proxy Fishing and Hunting

Alaska Statute AS 16.05.940 (26) states: “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 stating that the person is at least 70 percent physically disabled.

PATIENT: PLEASE COMPLETE THE FOLLOWING:

Patient’s Name ___________________________________________

Mailing Address ___________________________________________

Physical Address ___________________________________________
(if different from mailing address)

By signing below, I am verifying the above information is correct.*

X Patient’s Signature _______________________________________

Note: If your physician indicates below that your physical disability is permanent, you may use this affidavit each year to obtain a proxy. However, you must bring this affidavit with you each time you apply for a proxy. Always keep a copy of this form in a safe place. If you lose this affidavit, you will have to request a copy from your physician in order to obtain a proxy.

PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

By signing below, I affirm that I am a physician, licensed to practice medicine in the state of Alaska, and that the patient listed above is at least 70 percent physically disabled.*

Is this patient’s physical disability permanent? _____ Yes _____ No

______________________________________________ __________________________
Physician’s Signature Date

______________________________________________ __________________________
Physician’s Name (Print) Physician’s Alaska License #

______________________________________________ __________________________
Address Phone Number

______________________________________________
Address

*Providing false information on any portion of this affidavit is subject to a maximum penalty of $10,000, or one year imprisonment, or both, per AS 16.05.420 and AS 11.56.210

The Department administers all programs and activities free from discrimination. For the full text of our OEO/ADA statement, visit http://www.adfg.alaska.gov/index.cfm?ADFG=home.oestatement.

5/2018