

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	g Address]	Permit Number	TEMPORARY Permit Period / 12/31/20
City			State	Zip Co	ode ¹	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 <u>OR</u> 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. Please note that non-resident applicants are only eligible for a *temporary* permit.

PHYSICIAN'S AFFIDAVIT	LICENSEE AFFIDAVIT		
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.	I have personally reviewed the information on this application, and I certify under penalty of perjury that to the best of my knowl- edge and belief the information on this application is true and		
Is the patient's physical disability permanent or temporary?	correct, and that I am entitled to hunt under the conditions of AS		
•Permanent - Permit <u>DOES NOT</u> expire, if an AK resident	16.05.940(26) provided I obtain the necessary licenses and permits before hunting. I also understand that information on this applica-		
•Temporary - Permit <u>EXPIRES December 31</u> of current year	tion is subject to public disclosure. (NOTE: Making a false state- ment or omitting a material fact is subject to a maximum penalty		
Physician's Alaska License Number	of \$5,000 or 1 year imprisonment, or both, per AS 11.56.210 and AS 16.05.420).		
Physician's Name (Print)	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 com-</u>		
Mailing Address			
City, State, Zip Code	panion may not shoot from the boat.		
Physician's Signature	Hunter's Signature		
Date	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 of Alaska* that the person is at least 70 percent physically 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