## **RETURN COMPLETED FORM TO:**

Alaska Department of Fish and Game Wildlife Conservation Division

(Middle)

State

Applicant Name (First)

Mailing Address

City



## 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.

Permit Number

Date Issued

FOR DEPARTMENT USE ONLY

**TEMPORARY** Permit Period

-- 12/31/20

(Last)

Zip Code

Daytime Phone Date of Birth					Applicant Physical Address		
Sex	Height	Weight	Color Eyes	Color Hair	City	State	Zip Code
ability	compen	sation fro	om a govern		Licensee A	Affidavit and retu	t least 70 percent physical dis- urn form to ADF&G. Please
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.  Is the patient's physical disability permanent or temporary?  OPERMANENT OF STATES DECEMBER 31 of current year Physician's Alaska License Number					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).  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, but that companion may not shoot from the boat.		
Physician's Name (Print)							
Mailing Address							
City, State, Zip Code							
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