The North Carolina Wildlife Resources Commission has developed several programs, outlined below, designed to benefit persons with disabilities. The required medical certification for each is attached.

I. The **Disabled Access Program** is designed to generally improve access for persons with disabilities on game lands where landowners agree. It allows persons with limited physical mobility to operate vehicles, including ATVs, on any Commission-maintained road open for vehicular travel, those trails posted for vehicular travel and on open-gated or ungated roads otherwise closed to vehicular traffic on certain game lands and to have access to special waterfowl hunting blinds designed for hunters with disabilities. A list of Game Lands affected by this is available in the *N.C. Inland Fishing, Hunting & Trapping Regulations Digest* available at wildlife service agent locations or online at www.ncwildlife.org. There is no fee associated with this permit. Participants will be issued permanent identification cards, companion cards, and vehicular access permits valid for as long as the disability remains.

**Qualifications:** Competent medical evidence must be submitted indicating that a disability exists that limits physical mobility to the extent that normal utilization of the game lands is not possible without vehicular assistance.

II. The **Disabled Sportsman Hunt Certification** is a medical certification used to establish eligibility for participation in disabled hunt opportunities. This certification is only necessary when the applicant does not possess a disabled veteran or totally disabled license. This certification is not a license; therefore, a valid hunting license, in addition to the hunt permit, is required when participating in a disabled hunt opportunity. There is no fee for this certification and it shall remain valid as long as the qualifying disability persists. A list of disabled hunt opportunities and permit hunt application procedures is available in the *Permit Hunting Opportunities Guide* online at www.ncwildlife.org.

**Qualifications:** Medical certification in one of the following disabilities:

1. missing fifty percent (50%) or more of one or more limbs, whether by amputation or natural causes;
2. paralysis of one or more limbs;
3. dysfunction of one or more limbs rendering the individual unable to perform the task of grasping and lifting with the hands and arms or unable to walk without mechanical assistance, other than a cane;
4. disease, injury, or defect confining the individual to a wheelchair, walker, or crutches;
5. legal deafness.

Enrollment in any of these programs may continue as long as the qualifying disability remains. Participants should remember that all normal rules and regulations concerning license requirements, bag limits, manner of take, etc. apply to these program opportunities.
DISABLED SPORTSMAN PROGRAM APPLICATION

Check Appropriate Program(s): □ Disabled Access Program (no fee required) □ Disabled Sportsman Hunt Certification (no fee required)

Name: ___________________________ WRC Customer # ___________________________
   (First)   (MI)   (Last) If available

Resident Address: ____________________________________________________________________
   Street   City   State   Zip

Mailing Address: (if different from above) ____________________________________________________________________
   Street or PO Box   City   State   Zip

E-mail Address: ___________________________ Telephone: (     ) ___________________________

Date of Birth: ___________________________ Driver License #: ___________________________
   Month   Day   Year

Signature of Applicant ___________________________ Date ___________________________

Physician Must Complete Appropriate Medical Certification(s) Below Prior to Submission

I. Medical Certification for Disabled Access Permit

I hereby certify that ___________________________ has a physical disability that limits ambulatory mobility to the extent that normal utilization of the game lands is not possible without vehicular assistance.

Print or Type Medical Doctor’s Name ___________________________ Medical Doctor’s Signature ___________________________ Date ___________________________

Doctor’s Mailing Address ___________________________ City ___________________________ State ___________________________ Zip ___________________________ Telephone ___________________________

II. Medical Certification for Disabled Sportsman Hunt Certification

I hereby certify that ___________________________ has one or more of the following disabilities:

1. missing fifty percent (50%) or more of one or more limbs, whether by amputation or natural causes;
2. paralysis of one or more limbs;
3. dysfunction of one or more limbs rendering the individual unable to perform the task of grasping and lifting with the hands and arms or unable to walk without mechanical assistance, other than a cane;
4. disease, injury, or defect confining the individual to a wheelchair, walker, or crutches;
5. legal deafness.

Print or Type Medical Doctor’s Name ___________________________ Medical Doctor’s Signature ___________________________ Date ___________________________

Doctor’s Mailing Address ___________________________ City ___________________________ State ___________________________ Zip ___________________________ Telephone ___________________________

Mail completed application to: N.C. Wildlife Resources Commission License Section 1707 Mail Service Center Raleigh, NC 27699-1707

Office Location: NCSU Centennial Campus, 1751 Varsity Drive, Raleigh, NC Telephone: (888) 248-6834

Website: www.ncwildlife.org Revised 08/10