

2005 IOWA SPECIAL DEER HUNT FOR SEVERELY DISABLED PERSONS

INSTRUCTIONS AND AFFIDAVIT

IOWA DNR
WALLACE STATE OFFICE BUILDING
DES MOINES, IOWA 50319-0034
515.281.5918
WWW.IOWADNR.COM

Resident and nonresident persons who are severely disabled may obtain a paid deer hunting license to hunt during the Disabled Hunter Season.

HOW TO PURCHASE A LICENSE

- Read the "Definitions of Severely Disabled" on reverse side to determine if you qualify.
- Fill out the application on the reverse side.
- Have a physician complete the "Physician's Certification" form on the reverse side OR obtain a copy of your Disabilities Parking Permit.
- **Residents** may purchase a license beginning Aug. 15 by visiting or mailing this form to any of the nine DNR regional offices listed below. If mailing, enclose the \$26 license fee (check or money order, do not send cash). **Allow a minimum of three weeks for license delivery with mailed applications.**
- **Nonresidents** must apply for a license online at www.iowadnr.com or through the Electronic Licensing System for Iowa (ELSI) telephone ordering system. See the 2005 Iowa Nonresident Deer Hunting Instructions for information on how to apply. **The Applicant's Information form, and Physician's Certification form or copy of your Disabilities Parking Permit, must be received either by mail or fax at the DNR Central Office in Des Moines by 4:30 p.m. CST at least three working days prior to applying for or purchasing the license. The fax number is (515) 281-6794.**

DEADLINES

Residents may purchase deer licenses for the Disabled Hunter Season through the end of the hunting period, which is Sept. 17 - Oct. 2.

Nonresidents may apply during the application period **May 7 - June 5**. See the 2005 Nonresident Deer Application Instructions for information on nonresident antlerless licenses, nonresident landowner antlerless licenses and how to apply for unfilled quota licenses (if applicable).

LICENSE REQUIREMENTS

In addition to the deer license, **residents** age 16 to 65 must have a small game hunting license and pay the habitat fee if normally required to do so. All **nonresidents** must purchase a small game license and pay the habitat fee in addition to purchasing a deer hunting license.

ADDITIONAL REGULATIONS

For additional information on application instructions, see the **2005 Iowa Deer and Fall Turkey Hunting Regulations and License Instructions**. Nonresidents should also see a copy of the **2005 Iowa Nonresident Deer Application Instructions**. Both will be available by clicking on "wildlife" on DNR's website at www.iowadnr.com or by contacting the DNR at 515-281-5918.

DNR Regional Offices

NW Regional Office

Spirit Lake Fish Hatchery
122 252nd Avenue
Spirit Lake, Iowa 51360
(712) 336-1840

Black Hawk Regional Office

116 South State Road
P.O. Box 619
Lake View, Iowa 51450
(712) 657-2638

SW Regional Office

Cold Springs State Park
57744 Lewis Road
Lewis, Iowa 51544-5103
(712) 769-2587

Clear Lake Station

1203 N. Shore Drive
Clear Lake, Iowa 50428
(641) 357-3517

DNR Central Office

4th Floor Wallace Building
502 East 9th Street
Des Moines, Iowa 50319-0034
(515) 281-5918

Chariton Research Station

Red Haw State Park
24570 U.S. Highway 34
Chariton, Iowa 50049
(641) 774-2958

NE Regional Office

Manchester Fish Hatchery
22693 205th Avenue
Manchester, Iowa 52057
(563) 927-3276

Rathbun Fish Hatchery

15053 Hatchery Place
Moravia, Iowa 52571
(641) 647-2406

SE Regional Office

Lake Darling State Park
110 Lake Darling Road
Brighton, Iowa 52540
(319) 694-2430

DEFINITIONS OF "SEVERELY DISABLED"

from Iowa Code Section 321L.1(8):

Under Iowa code section 321L.1(8), a "person with a disability" means a person that has a limited or impaired ability to walk, including:

- ◆ A person that cannot walk 200 feet without stopping to rest.
- ◆ A person that cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assisting device.
- ◆ A person restricted by lung disease to the extent that the person's forced expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest.
- ◆ A person that must use portable oxygen.
- ◆ A person with a cardiac condition classified as severity class 3 or 4 by the American Heart Association.
 - CLASS 3 - Persons with cardiac disease resulting in marked limitation of physical activity. The person is comfortable at rest, but less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.
 - CLASS 4 - Persons with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.
- ◆ A person severely limited in ability to walk due to an arthritic, neurological or orthopedic condition.

2005 DEER HUNTING LICENSE AFFIDAVIT FOR SEVERELY DISABLED HUNTERS

APPLICANT'S INFORMATION FORM

Please type or print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone Number: _____

DOB: _____ Height: _____ Weight: _____ Eyes: _____ Sex: _____

Iowa Driver's License, IDNR Customer or Social Security number*: _____

I certify that the information provided on this form is correct, that I am a severely disabled person as defined above in Iowa Code section 321L.1(8), and that I have not applied for more than my legal limit of licenses:

SIGNATURE

DATE

**The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining a hunting, fishing or other recreational license under section 252J.8 of the Code of Iowa and 42 U.S. Code 666(a)(13). Your social security number will serve as your principle identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unit to establish, modify and enforce child support obligations. It WILL NOT appear on your license.*

PHYSICIAN'S CERTIFICATION

I, Dr. _____ do hereby certify that I am the attending physician of the above-named applicant and declare that said applicant is severely disabled as defined above in Iowa Code 321L.1(8).

Physician Name (print please): _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

SIGNATURE OF PHYSICIAN: _____