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KANSAS DEPARTMENT OF WILDLIFE AND PARKS

A KANSAS RESIDENT POSSESSING A HANDICAPPED IDENTIFICATION CARD MAY USE IT IN LIEU OF A HUNT FROM A VEHICLE PERMIT.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ SS#: _____

Date of Birth: _____ Driver's License or ID Card Number: _____

What is your disability? _____

(PLEASE SEE BACK OF APPLICATION FOR DEFINITION)

HEALING ARTS LICENSED PROFESSIONAL'S STATEMENT

Attending licensed professional must certify and sign the following:

I, the undersigned licensed professional, certify that (Disabled Individuals's Name) _____ is considered to be disabled, as per Kansas Statute 8-1, 124, due to at least one (1) or more of the following: (Must check at least one.)

- 1. Has a severe visual impairment;
- 2. Cannot walk one hundred (100) feet without stopping to rest (Violation KSA 8-1, 130);
- 3. Cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
- 4. Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
- 5. Uses portable oxygen;
- 6. Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;
- 7. Severely limited in their ability to walk at least 100' due to an arthritic, neurological, or orthopedic condition.

I certify that I am aware of the penalties provided by KSA 8-1,130(a)(b) listed on the back of this application.

Licensed Professional's Signature* (Rubber stamp not acceptable) Medical Title Date

* The following are the only professionals that can sign this form: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), Dr. of podiatric (DPM), Licensed Optometrist (OD), licensed physician assistant (PA), advanced registered nurse practitioner (ARNP) registered under KSA65-1131 or ChristianScience practitioner listed in the ChristianScienceJournal(KSA Chapter 65, Article 28 and 8-1,125)

MUST check one (1) of the below and provide requested information:

TEMPORARY** → FROM (DATE) _____ TO (DATE) _____ **PERMANENT**

** Six (6) Months is the MAXIMUM Duration for a Temporary Placard.

Printed/Typed Name _____
of Licensed Professional _____ Phone No. _____

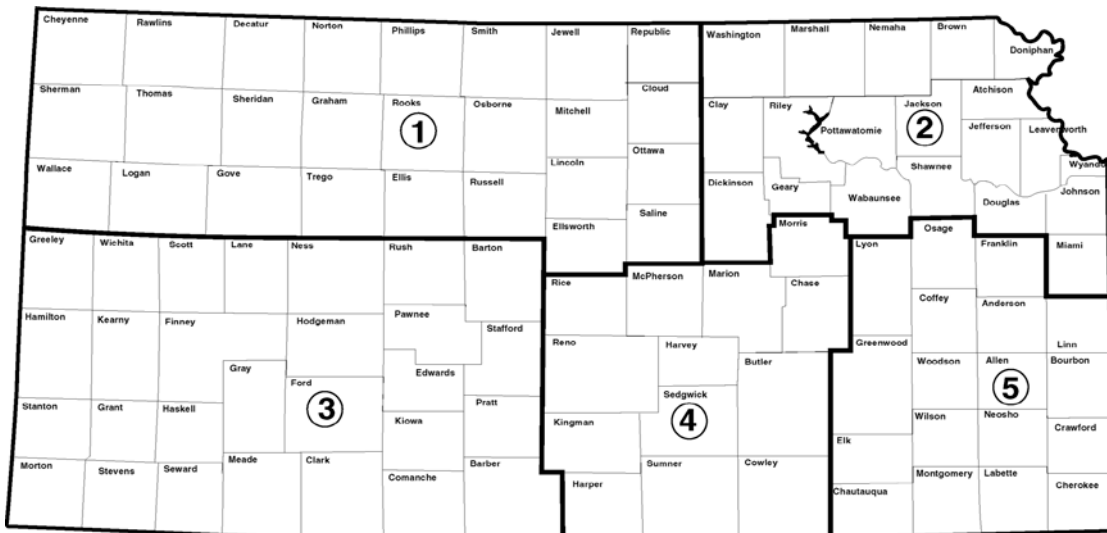
May be signed by a Healing Arts Professional licensed in any state.

Printed: _____ Address _____ City _____ State _____ Zip _____

PLEASE SEND COMPLETED APPLICATION TO:
KS Dept. of Wildlife & Parks
Reg 1
PO Box 338
Hays, KS 67601
Phone - 785-628-8614
FAX - 785-623-2945

K.A.R. 115-18-4 (a) any person with a disability as defined by K.S.A. 8-1, 124 and amendments thereto, may apply to the secretary on forms provided by the department for a permit to hunt from a vehicle. K.S.A. 8-1, 124 defines a disability as an individual whom:

- a) has severe visual impairment
 - b) cannot walk 100 feet without stopping to rest
 - c) cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device;
 - d) is restricted by lung disease to such as extent that the person’s forced (respiratory) 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;
 - e) uses portable oxygen;
 - f) has a cardiac condition to the extent that the person’s functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association;
- or;**
- g) is severely limited in such person’s ability to walk due to an arthritic, neurological or orthopedic condition.



**REGION 1:
PO BOX 338
1426 HWY. 183 ALT.
HAYS, KS 67601
(785)628-8614**

**REGION 2:
300 SW Wanamaker
TOPEKA, KS 66602
(785)273-6740**

**REGION 3:
1001 W. MCARTOR
DODGE CITY, KS 67801
(620)227-8609**

**REGION 4:
6232 E. 29TH ST. N.
WICHITA, KS 67220
(316)683-8069**

**REGION 5:
1500 W. 7TH
PO BOX 777
CHANUTE, KS 66720 (620)431-0380**