

Cross-Bow Licence Application

District Office: _____ Date of Application: _____

PART 1 (to be completed with Applicant)

Name _____ WIN _____

Address _____

Postal / Zip Code _____ Telephone _____ DOB: _____ / _____ / _____
Yr. Mo. Day

Has applicant previously applied for this licence in Alberta? YES NO

If a previous application was submitted was it approved? YES NO

I hereby certify that the information I have provided above is true:

Signature of Applicant: _____ Date: _____

PART 2 (to be completed by licence administrator)

Office Location: _____

Applicant has provided supporting documentation from a Physician, Occupational Therapist or Physiotherapist outlining nature of medical condition.

YES NO

Nature of condition	
<input type="checkbox"/> Seasonal*	<input type="checkbox"/> Permanent
Medically certified that individual's condition will not improve in the next 3 years *Note: if nature of condition is deemed less than 3 years applicant is not eligible for this permit	Medically certified that individual's condition is permanent in nature and will not improve

Approved by: _____ Date: _____

Signature: _____

Comments/Notes: _____
