

INFORMATION SHEET

Off-Highway Vehicle Permit Criteria

Off-Highway Vehicle (OHV) permits are available to individuals that have certain disabilities. This permit allows the permit holder to do the following:

1. transport a weapon on an OHV vehicle during open big game seasons at times when doing so is otherwise prohibited [this permit also allows one assistant to the permit holder to benefit from this exception, if the assistant is riding on the same OHV as the permit holder], and
2. discharge a weapon at antelope from within 50 yards of a vehicle.

Regulations under the *Wildlife Act* state that an OHV permit may only be issued to persons who have specified disabilities:

- paraplegic,
- quadriplegic,
- hemiplegic,
- single above-the-knee-lower limb amputee,
- double lower limb amputee, or
- other physical condition, or disability that is **permanent in nature** and that prevents them from hunting by ambulation (on foot) beyond 100 yards in normal hunting terrain.

NOTE: If an applicant for this permit believes they qualify under the criteria set out in the last bullet above, the medical certification letter completed by a physician, occupational therapist or physiotherapist must be submitted with the application.

If further information is required, please contact the nearest Fish and Wildlife Division Office

Off-Highway Vehicle Permit – Medical Certification Letter

Date: _____

_____ is applying to Alberta Environment and Parks for an Off-Highway Vehicle Permit.

Off-Highway Vehicle Permits are made available to persons that have specified physical disabilities only. These are described in the Information Sheet - Off-Highway Vehicle Permit Criteria.

IMPORTANT NOTE: A permit of this kind is **not** issued for therapeutic reasons.

1. Have you reviewed the “INFORMATION SHEET- Off-Highway Vehicle Permit Criteria”?

YES NO

Certain physical conditions or disabilities may not be apparent, in those situations the applicant must provide written confirmation by a physician, occupational therapist or physiotherapist defining the nature of their disability.

2. Please briefly describe the nature of the applicant’s condition or disability below (or attach a separate page).

3. In order for an applicant to be **medically certified** it must be confirmed whether the applicant suffers from a physical condition or disability that meets specific regulated criteria set out in the *Wildlife Regulation*.

Question 1: In your professional opinion, does this condition prevent that individual from hunting by ambulation (on foot) beyond 100 yards in normal hunting terrain?

YES NO

Question 2: In your professional opinion, is the applicant’s condition permanent in nature?

YES NO

NOTE: The term “**medically certified**” involves the provision for confirmation by a physician, occupational therapist or physiotherapist on this form that the applicant meets the criteria set out in the *Wildlife Regulation*.

I have read and understand the contents of this letter.

_____/_____/_____
Physician/Therapist - Printed Name Registration No. Physician/Therapist Signature

Address: _____ Telephone No. _____ Date: _____