

INFORMATION SHEET

Weapons Discharge Permit Criteria

Weapons Discharge permits are available to individuals that have certain disabilities. This permit allows the holder to do the following:

1. have a loaded firearm on or in, or discharge a weapon from, a parked vehicle (a vehicle licensed for highway travel or an off-highway vehicle) in circumstances where the discharge of that weapon is otherwise lawful,
2. transport a weapon on or by means of an off-highway vehicle between 1 hour before sunrise and 12 noon during an open season for big game in an area where a restriction on transporting weapons on an OHV is otherwise in effect, and
3. discharge a weapon at antelope from within 50 yards of a vehicle.

Regulations under the *Wildlife Act* state that a Weapons Discharge permit may only be issued to individual who have specified disabilities:

- (a) paraplegic or quadriplegic or suffers from any other physical condition, or handicap that is permanent in nature and renders the person incapable of walking, **and**
- (b) the person requires a wheelchair or similar wheeled equipment for daily ambulation.

NOTE: If an applicant whose disability is not readily apparent believes they qualify for this permit, written confirmation by a physician, occupational therapist or physiotherapist that the applicant qualifies under these criteria must be submitted with the application.

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

Weapons Discharge Permit – Physician or Therapist Letter

Date: _____

_____ is applying to Alberta Environment and Parks for a Weapons Discharge Permit.

Weapons Discharge Permits are made available to persons that have specified physical disabilities only. These are described in - the Information Sheet -Weapons Discharge Permit Criteria".

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

1. Have you reviewed the "INFORMATION SHEET- Weapons Discharge 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 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 support that the applicant's condition is permanent in nature?
 YES NO

Question 2: Does this condition require that individual to use a wheelchair or similar wheeled equipment for daily ambulation?
 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: _____