

# Off Highway Vehicle Permit application

## Hunters with disabilities

<b>District office:</b>	<b>Date of application:</b>
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### Part 1 – to be completed by applicant

<b>Name:</b>	<b>Wildlife Identification Number (WIN):</b>
<b>Date of birth:</b> _____ / _____ / _____ Year                      Month                      Day	
Has applicant previously applied for this permit in Alberta?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a previous application was submitted, was it approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby certify that the information I have provided above is true:	
<b>Signature of Applicant:</b>	<b>Date:</b>

### Part 2 – to be completed by licence administrator

<b>Office location:</b>	
Applicant has provided supporting documentation from a Physician, Occupational Therapist or Physiotherapist outlining nature of medical condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Nature of condition</b>	
<input type="checkbox"/> Permanent - Medically certified that individual's condition is permanent in nature and will not improve.	
<b>Confirmed by:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>Comments/notes:</b>	