

Weapons Discharge Permit application

Hunters with disabilities

District office:	Date of application:
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Part 1 – to be completed with applicant

Name:	Wildlife Identification Number (WIN):
Date of birth: _____ / _____ / _____ Year Month Day	
Has applicant previously applied for this licence 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:	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of condition	
<input type="checkbox"/> Permanent - Medically certified that applicants condition is permanent in nature and will not improve	
Confirmed by:	Date:
Signature:	
Comments/notes:	