



# 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):
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Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Has the applicant previously applied for this permit in Alberta?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If a previous application was submitted, was it approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby certify that the information I have provided above is true:

Signature of Applicant:	Date:
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### Part 2 – to be completed by licence administrator

Office location:
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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
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Nature of condition
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Permanent -Medically certified that applicant's condition is permanent in nature and will not improve

Confirmed by:	Date:
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Signature:

Comments/notes:
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