

**APPLICATION FOR EXCEPTION TO POLICY -
ATV/ORV AND FIREARM SUPPRESSOR USE WHILE
HUNTING DUE TO DISABILITY**

DIRECTORATE OF PUBLIC WORKS
NATURAL RESOURCES MANAGEMENT BRANCH

Attn: Hunting ETP
10186 First Division Road, Building 5889
Fort Moore, GA 31905
Telephone: 706-544-7079

INSTRUCTIONS:

1. Please type or print information legibly.
2. Provide all information requested or your application will be returned without processing.
3. **Requires a licensed physician signature verifying disability requires an ATV/ORV and/or a firearm suppressor for hunting purposes.**

APPLICANT INFORMATION

Name of Applicant (first, middle, last)

Address (number and street)

City, State, and ZIP Code

Telephone Number ()

Signature of applicant	Date (month, day, year)
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Note to Applicant: The Physician's Certification of disability on the following pages must be completed and signed by a licensed physician. The Physician's Certification is only required once if the disability is of a permanent nature.

TO BE COMPLETED BY LICENSED PHYSICIAN

Name of Physician	Telephone Number ()
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Name of Clinic or Hospital

Address (number and street)

City, State, and ZIP code

Does the Disability require the aid of an ATV/ORV while hunting? Firearm Suppressor?					
ATV/ORV	YES	NO	Suppressor	YES	NO

Are the conditions permanent or temporary? Permanent Temporary

If the conditions are temporary, please indicate an estimated timeframe for the patient's recovery.

This form will be returned to the applicant if all applicable sections are not fully completed, or if a copy/fax of this form is received in place of the original.

Under the penalty of perjury, I affirm that the information supplied by me is true and correct.

Signature of Licensed Physician

Date (month, day, year)

License Number

This form will be returned to the applicant if all applicable sections are not fully completed, or if a copy/fax of this form is received in place of the original.

FOR OFFICIAL USE ONLY

Application Approved

Application Disapproved

Signature of Natural Resources Specialist

Date (month, day, year)