



PHYSICIAN CERTIFICATION OF ADVANCED ILLNESS

Issued under the authority of Part 401, Act 451 of the Public Acts of 1994, of the Michigan Compiled Laws. Any person who violates this part, or an order issued under this part, is guilty of a misdemeanor punishable by imprisonment for not more than 90 days, or a fine of not less than \$50.00 or more than \$500.00, or both, and the costs of prosecution.

The Michigan Department of Natural Resources conducts drawings for certain limited-quota hunting licenses. Selected drawings have a special provision allowing successful applicants to transfer their drawing success to a person with an advanced illness, as defined by the Public Health Code. Certification is required for an individual to receive the drawing success of another person based upon an advanced illness diagnosis.

To be completed by the person requesting to receive a transfer of drawing success. Please type or print all information, other than signature.

SECTION I APPLICANT INFORMATION		
Applicant Name	Michigan Driver's License or I.D. Number	
Street Address	Michigan DNR Sportcard # (If No Michigan Driver's License Or I.D.)	
City, State, ZIP	Date of Birth	Daytime Telephone (with Area Code)
APPLICANT CERTIFICATION		
I certify that the above information is true and accurate to the best of my knowledge.		
Applicant Signature	Date	

This section to be completed by Physician. Please print.

SECTION II PHYSICIAN INFORMATION / DIAGNOSIS / CERTIFICATION	
Physician Name	Physician's Daytime Telephone (with Area Code)
Street Address	
City, State, ZIP	
<p>The Public Health code, Act 368 of the Public Acts of 1978, Section 333.5653, defines "Advanced Illness" as <i>a medical or surgical condition with significant functional impairment that is not reversible by curative therapies and that is anticipated to progress toward death despite attempts at curative therapies or modulation, the time course of which may or may not be determinable through reasonable medical prognostication.</i></p> <p><input type="checkbox"/> I certify that the above-named individual has an advanced illness, with the following diagnosis:</p>	
Physician Signature	Date

Mail a completed COPY of this certification in an envelope marked CONFIDENTIAL to:

**TRANSFER COORDINATOR - DRAWINGS
WILDLIFE DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANSING MI 48909**

<<<CERTIFICATION MUST BE CARRIED WHILE HUNTING AND DISPLAYED UPON REQUEST OF A PEACE OFFICER >>>