



BOW PERMITS FOR HUNTERS WITH DISABILITIES IMPORTANT INFORMATION

Issued under authority of Part 401 of 1994 PA 451, as amended.

www.michigan.gov/dnr

The Michigan Department of Natural Resources (DNR) provides hunters with disabilities the opportunity to pursue the hunting tradition by issuing special permits to hunt. Although persons may have disabilities of many different types, the special permits and the criteria that have been established by law are below. Before applying please take a few minutes to review the qualifying criteria and information provided.

This application may be used for either of the following special permits:

DISABILITY BOW PERMIT CRITERIA

The Michigan DNR may issue a permit to a person who is certified as being disabled by a licensed/registered Physician, Physical or Occupational therapist. These permits authorize a person to take game with a Modified Bow or Crossbow during the late archery season in the Upper Peninsula or the Bear Archery only season if the person possesses a valid license to take that game and complies with all other laws and rules for the taking of game.

- A Bow permit for hunters with disabilities may be issued to a person with a disability, either temporary or permanent, that permits full use of only 1 upper extremity and applicant is unable to hold, aim and shoot conventional archery equipment as determined by evaluation from a Physician or a licensed/registered Physical or Occupational therapist.

APPLICANT DIRECTIONS

Complete sections 1 through 2 and submit the application to a licensed/registered Physician, Physical or Occupational Therapist to complete **sections 3 through 5** certifying your qualifications for the permit.

Once you have received the certified application from your Physician, Physical or Occupational Therapist, please do the following:

- Applications must be certified and submitted to the Disabled Bow Permit Program address (street address or email address) listed on the bottom of page 4.
- Ensure that all requested information is completed. The application will be returned to you if there is any missing information.
- You do not need a physician's signature to certify the therapist's findings.
- Retain a copy of the completed application for your files.
- For questions on the application please contact the Michigan DNR, Licensing and Reservations, at 517-284-6057 or for more information on permits for hunters with disabilities please visit our web site at www.michigan.gov/dnr.

We look forward to assisting you with obtaining the appropriate permit, which may enable you to participate in the hunting tradition.

APPLICANT INFORMATION

A Disabled Bow Permit is required for using a Modified Bow or Crossbow during the late Archery season in the Upper Peninsula, December 1st through January 1st or during Bear Archery Only season.

Allow 2-4 weeks for normal processing. Eligible applicants will receive the appropriate permit by mail. The permit must be carried by the permittee while attempting to take game during the open season for that game. Permittee must also have a license to take that game.

DEFINITIONS

Crossbow - *A weapon consisting of a bow mounted transversely on a stock or frame and designed to fire an arrow bolt or quarrel by the release of a bow string controlled by a mechanical or electric trigger with a working safety and a draw weight of 100 pounds or greater.*

Modified Bow – A bow other than a crossbow, that has been physically altered so that the bow may be held, aimed, and shot with one arm.

Physical Therapist/Occupational Therapist - *A person licensed/registered to engage in the practice of physical therapy under Article 15 of the public health code, 1978 PA 368.*

Physician - *A person licensed by the State to practice medicine or osteopathic medicine and surgery under Article 15 of the public health code, 1978 PA 368.*

NOTE: Arrows, bolts, and quarrels used for taking deer, bear, elk, and turkey with a crossbow must be at least 14 inches in length and have a broadhead hunting type point not less than 7/8 inch wide.

DISABILITY CRITERIA AND REQUIRED TEST STANDARDS

NOTE TO EXAMINER: Except where otherwise indicated, you may use any medically accepted standard testing procedures to examine for muscle weakness or range of motion limitations of the upper extremities. You should ascertain from the applicant or Physician which muscle group or joint is the source of the disability. Pain or lack of endurance alone cannot be used as grounds for granting a crossbow permit. Loss of function must be substantiated through a Functional Draw Test, Manual Muscle Test, or Range of Motion Test. Substandard scoring in any area is sufficient proof to grant the permit.

FUNCTIONAL DRAW TEST: Used to allow for simulation of the drawback posture and or position with a weight equivalent to 35 pounds of resistance for a 4 second duration to successfully simulate the motion, strength and duration of hold requirements necessary to use conventional archery equipment.

MANUAL MUSCLE TEST: Shoulder flexion, shoulder extension, shoulder abduction (horizontal plane) elbow flexion and elbow extension are graded equal to or less than 3 of 5 using a standardized manual muscle grading scale or an equivalent test.

IMPAIRED RANGE OF MOTION TEST: The range of motion disability is assessed utilizing a standard goniometer or an equivalent test. If the applicant scores "equal to or less than" in any of the joint ranges indicated, a permit may be granted. Goniometric Evaluation: Shoulder flexion: equal to or less than 90 degrees, shoulder extension: equal to or less than 10 degrees, shoulder abduction: equal to or less than 70 degrees, elbow flexion: equal to or less than 90 degrees, elbow extension: equal to or less than (**negative**) -20 degrees.

NOTE: A person shall not seek diagnosis from a physical or occupational therapist or a physician for purposes of meeting the requirements of this section on more than 2 occasions within a 6-month period.



DISABLED BOW PERMIT APPLICATION FOR HUNTERS WITH DISABILITIES

www.michigan.gov/dnr

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DISABLED BOW PERMIT APPLICANT:

Complete sections 1 through 2 and submit to your Physician or licensed/registered Physical/Occupational Therapist for completion of sections 3 through 5.

SECTION 1 APPLICANT INFORMATION				
Name		Michigan Driver License No. (If none, Michigan ID Card No.)		
Street Address		Michigan DNR Sportcard No. (If no Michigan driver license or ID Card)		
City, State, ZIP		Date of Birth	Height	Weight
County	Telephone	Hair Color	Eye Color	Sex
E-mail				

SECTION 2 APPLICATION TYPE	
<p>APPLICATION FOR PERMIT TO TAKE GAME WITH A MODIFIED BOW OR CROSSBOW</p> <p>Applicant is disabled with full use of only 1 upper extremity or unable to hold, aim or shoot conventional archery equipment.</p>	<p><input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL</p>

I hereby covenant and agree to indemnify and save harmless, the State of Michigan, its departments, officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to (1) issuance of this permit; (2) the activities authorized by this permit; and (3) the use or occupancy of the premises which are the subject of this permit by the Permittee, its employees, contractors, or its authorized representatives.

A person who violates a condition of a permit issued under this part is guilty of a misdemeanor punishable by imprisonment for not more than 90 days, a fine of not less than \$50.00 or more than \$500.00, or both, and the costs of prosecution.

If a permit is issued, I agree to the terms and conditions as stated on this application.

Signature of Applicant

Date

PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST:

Complete sections 3 through 5 of the Disability Bow Application for Hunters with Disabilities.

SECTION 3 PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST INFORMATION	
Name of Examiner (print or type)	Title (Physician, Physical/Occupational Therapist)
Address	Registration/License Number
City, State, ZIP	Telephone

SECTION 4 EVALUATION

Physician Only – Check the appropriate box

- Amputations** involving body extremities required for stable function to use conventional archery equipment.
- Spinal Cord Injury** resulting in permanent disability to the lower extremities, leaving the applicant permanently non-ambulatory
- Permanent Wheelchair Restriction**
- Other:** Applicant has a disability that renders them unable to use a conventional archery equipment:
Describe in layman’s terms the disability and how the disability prevents the applicant from using conventional archery equipment other than a modified bow or crossbow:

Physician or Physical/Occupational Therapist – Substandard scoring in any area is sufficient proof to grant the permit as referenced on page 2.

- Functional Draw Test**
- Manual Muscle Test**
- Impaired Range of Motion Test**

SECTION 5 PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST APPROVAL AND CERTIFICATION

Disability Bow Permit

Is the applicant disabled and unable to use conventional archery equipment? Yes No

Is the disability a temporary disability? Yes No _____
Date disability to be ended

Fraudulent certification of disability status could result in a complaint to the Michigan Department of Labor and Economic growth pursuant to MCL 333.16231 for disciplinary review.

Signature of Physician

Date

Signature of Licensed/Registered Physical/Occupational Therapist

Date

Submit this completed and signed application to:

DISABILITY BOW PROGRAM
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
8015 MACKINAW TRAIL
CADILLAC, MI 49601
E-mail: mdnr-e-license@michigan.gov

FOR MICHIGAN DNR USE ONLY	
DISABILITY BOW PROGRAM	
BY: (For Director, Michigan Department of Natural Resources)	
Permit Issue Date	Permit Expiration Date