



California Natural Resources Agency  
 DEPARTMENT OF FISH AND WILDLIFE  
**DISABLED MUZZLELOADER SCOPE PERMIT APPLICATION**  
**NO FEE**

**INSTRUCTIONS:** Complete this application and mail to the Department of Fish and Wildlife's, License and Revenue Branch, 1740 N. Market Blvd., Sacramento, CA 95834. Allow 15 business days to process your application. Please print clearly. Incomplete or illegible applications may delay the processing of your application.

**YOU MUST INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE ID WITH THIS APPLICATION.**

Pursuant to Section 353, Title 14, California Code of Regulations, a visually disabled hunter may use a scope of no more than one power while hunting under the conditions of a muzzleloading deer hunt tag. Hunter must present permit upon request to law enforcement personnel.

**TO BE COMPLETED BY APPLICATION:**

DMV/STATE ID NUMBER	STATE	GO ID NUMBER (FROM ALDS ISSUED LICENSE)
---------------------	-------	---

FIRST NAME	M.I.	LAST NAME	DAY TELEPHONE
------------	------	-----------	---------------

MAILING ADDRESS
-----------------

CITY	STATE	ZIP CODE	E-MAIL ADDRESS (Voluntary)
------	-------	----------	----------------------------

SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	DATE OF BIRTH
--	------------	-----------	--------	--------	---------------

*I certify that I have read, understand, and agree to abide by, all conditions of this permit, the applicable provisions of the FGC, and the regulations promulgated thereto. I certify that I am not currently under any Fish and Wildlife license or permit revocation or suspension, and that there are no other legal or administrative proceedings pending that would disqualify me from obtaining this permit. I agree that if I make any false statement as to any fact required as a prerequisite to the issuance of this permit, the permit is void and will be surrendered where issued, and I understand that I may be subject to prosecution pursuant to FGC Section 1054 or to other administrative actions pursuant to Section 746, Title 14, of the CCR.*

SIGNATURE <b>X</b>	DATE
-----------------------	------

**TO BE COMPLETED BY APPLICATION:**

PHYSICIAN'S FIRST NAME	M.I.	LAST NAME	STATE LICENSE NUMBER
------------------------	------	-----------	----------------------

MAILING ADDRESS	BUSINESS TELEPHONE
-----------------	--------------------

CITY	STATE	ZIP CODE
------	-------	----------

**TO BE COMPLETED BY APPLICATION:**

**DESCRIPTION OF DISABILITY**

*The following conditions must be met to qualify for issuance of a Disabled Muzzleloader Scope Permit. "For the purposes of this permit a visual disability means a permanent loss, significant limitation, or diagnosed disease or disorder, which substantially impairs the vision of a hunter, preventing the hunter from viewing and aligning the sights of a muzzleloading rifle with the target in order to hunt deer."*


I, the undersigned, am a licensed physician or a licensed optometrist for the above named hunter and do hereby certify this hunter requires the use of a one power scope to view and align the sights of a muzzleloading rifle with the target in order to hunt deer. I also certify that I am licensed to practice in the state in which the applicant resides. I hereby certify under penalty of perjury and under the laws of the State of California that the foregoing information is true and correct.

SIGNATURE <b>X</b>	DATE
-----------------------	------

**FOR DEPARTMENT USE ONLY**

APPROVED BY:	DATE	PRINT NAME	TITLE/ISSUING OFFICE
--------------	------	------------	----------------------