



California Natural Resources Agency
 DEPARTMENT OF FISH AND WILDLIFE
DISABLED MUZZLELOADER SCOPE PERMIT APPLICATION
 DFW 539 (REV. 01/15/19) Previously FG 539
NO FEE

PERMIT MUST BE IN IMMEDIATE POSSESSION WHILE HUNTING
 Valid July 1, _____ through June 30, _____

INSTRUCTIONS: Complete this application and mail to: Department of Fish and Wildlife, 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.

Pursuant to California Code of Regulations (CCR), Title 14, Section 353, a visually disabled hunter may use a scope of no more than one power while hunting under the conditions of a muzzleloader hunt tag. Hunter must present permit upon request to law enforcement personnel. Applicant must possess an annual hunting license valid for the current license year.

TO BE COMPLETED BY APPLICANT

GO ID NUMBER (FROM ALDS ISSUED LICENSE)		DMV/STATE ID NUMBER		STATE	
FIRST NAME		M.I.	LAST NAME		DAY TELEPHONE
MAILING ADDRESS			CITY	STATE	ZIP CODE
GENDER		DATE OF BIRTH	HAIR COLOR	EYE COLOR	HEIGHT
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY					WEIGHT

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 Game 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 the CCR, Title 14, Section 746.

SIGNATURE	DATE
X	

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN'S FIRST NAME		M.I.	LAST NAME		
PHYSICIAN'S LICENSE NUMBER			TELEPHONE		
MAILING ADDRESS		CITY	STATE	ZIP CODE	

DESCRIPTION OF DISABILITY

To qualify for a Disabled Muzzleloader Scope Permit, an applicant must have a disability, as defined in the CCR, Title 14, Section 353(m). "For the purposes of this section 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 for the above named hunter and do hereby certify this hunter has a visual disability which prevents him/her from being able to focus on the target utilizing muzzleloading rifles equipped with open or "peep" sights under the conditions of a muzzleloader hunt tag. 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.

PHYSICIAN SIGNATURE	DATE
X	

FOR DEPARTMENT USE ONLY

APPROVED BY	DATE	TITLE/ISSUING OFFICE