State of California – Department of Fish and Wildlife
MOBILITY IMPAIRED DISABLED PERSONS MOTOR VEHICLE LICENSE APPLICATION
DFW 1460 (REV. 07/16/21)
NO FEE

INSTRUCTIONS: Complete this application and mail to: Department of Fish and Wildlife, License and Revenue Branch, PO Box 944209, Sacramento, CA 94244-2090. 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 251, a person who possesses a Mobility Impaired Disabled Persons Motor Vehicle License may hunt from a motor vehicle under certain conditions. Hunter must present license 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	WEIGHT
❏ MALE ❏ FEMALE ❏ NONBINARY					

PLEASE INDICATE TYPE OF **PERMANENT** DISABILITY:
- ❏ FULLY CONFINED TO A WHEELCHAIR
- ❏ SINGLE OR DOUBLE AMPUTEE ABOVE THE KNEE, OR DOUBLE AMPUTEE BELOW THE KNEE
- ❏ MUST DEPEND UPON THE AID OF A WALKER, CRUTCHES, ETC., TO WALK

To hunt from a vehicle, the licensee must adhere to the requirements stated on the license, and to the following minimum requirements: (1) The licensee shall be accompanied by an ambulatory assistant who shall immediately retrieve, and tag if necessary, all game taken; (2) The assistant shall not possess a weapon unless he/she is a licensed hunter in possession of the appropriate tags for the game being taken; (3) The vehicle must be stopped and the engine must be shut off prior to discharging the weapon; (4) The licensee shall have the license in possession while in the field and present it upon request to any peace officer.

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 CCR, Title 14, Section 746.

SIGNATURE	DATE
X	

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN'S FIRST NAME	M.I.	LAST NAME

PHYSCIAN'S LICENSE NUMBER	TELEPHONE

MAILING ADDRESS	CITY	STATE	ZIP CODE

DESCRIPTION OF QUALIFYING PERMANENT DISABILITY

*To qualify for this license, the applicant must be certified by a licensed physician as having a **permanent physical** disability and is **nonambulatory or mobility is substantially impaired**. "Nonambulatory" means permanently, physically reliant on a wheelchair or similar remedial appliance or device for mobility. "Substantially Impaired Mobility" means virtual inability to move on foot due to permanent physical reliance on crutches, canes, prosthetic appliances or similar remedial appliance or device (CCR, Title 14, Section 251).*

I, the undersigned, am a licensed physician for the above named hunter and do hereby certify this hunter has a permanent physical disability which requires the hunter to rely on a device in order to be mobile. 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