



California Natural Resources Agency
 DEPARTMENT OF FISH AND WILDLIFE
DISABLED ARCHER PERMIT APPLICATION
 DFW 537 (REV. 01/15/19) Previously FG 537
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 the California Code of Regulations (CCR), Title 14, Section 354, a disabled archer may hunt with a crossbow or other device to draw and hold a bow in a firing position under the conditions of an archery tag or during archery season. 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 Archer Permit, an applicant must have a disability, as defined in the CCR, Title 14, Section 354(k). **“For the purposes of this section a physical disability means, a person having permanent loss, significant limitation, or diagnosed disease or disorder, which substantially impairs one or both upper extremities preventing a hunter to draw and hold a bow in a firing position.”***

<input type="checkbox"/> PERMANENT DISABILITY	<input type="checkbox"/> TEMPORARY DISABILITY DISABILITY END DATE _____
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I, the undersigned, am a licensed physician for the above named hunter and do hereby certify this hunter requires the use of a crossbow or other device to draw and hold a bow in the firing position in order to hunt with archery equipment during an archery season or under the conditions of an archery 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
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