



STATE OF ALASKA DEPARTMENT OF FISH AND GAME

APPLICATION for METHODS AND MEANS EXEMPTION

Part 1. Applicant Information and Statements

First Name	M.I.	Last Name	Daytime Phone Number
Mailing Address			Email Address
City	State	Zip Code	Hunting License Type: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident

1. Please identify the exemption you are requesting. Applicants requesting to use a motorized vehicle must include the specific hunt number, location, and dates they wish to hunt:

2. Please explain how your physical condition limits your ability to participate in the hunt without receiving an exemption:

3. I certify that all statements entered on this application are true and that I will abide by all conditions and restrictions of an exemption if issued.

Signature

Date

Part 2. Physician's Statement

4. Please describe the nature and extent of the applicant's condition or disability:

5. Is this a permanent disability? Yes No

6. I certify that the applicant's condition or disability substantially limits his or her ability to comply with the methods and means restriction identified in Part 1 above.

Physician's Name (Print)

Telephone Number

Signature

Date

Physician's License Number/State

Completed applications should be mailed at least 30 days prior to the start of your hunt to the Alaska Department of Fish and Game, Division of Wildlife Conservation, Permits Section, P.O. Box 115526, Juneau, AK 99811-5526.