

Arizona Game and Fish Department
 5000 W Carefree Hwy
 Phoenix, Arizona 85086
 (602)942-3000
 www.azgfd.gov

For Department Use Only

Date Received _____ Region _____

Approved Date _____ Denied Date _____

Approved By _____

Permanent Permit _____

Temporary Permit Valid from _____ to _____

Please Print or Type

*****Social Security Number is voluntary to be used for Sportsman's Database Only*****

Application for a Permanent/Temporary Crossbow Permit

Fee: Complimentary

The Arizona Game and Fish Department may issue a Crossbow permit to those who have one or more of the following physical limitations. An amputation involving body extremities required for stable function to use conventional archery equipment; A spinal cord injury resulting in a disability to the lower extremities, leaving the applicant nonambulatory; A wheelchair restriction; A neuromuscular condition that prevents the applicant from drawing and holding a bow; A failed functional draw test that equals 30 pounds of resistance and involves holding it for four seconds; A failed manual muscle test involving the grading of shoulder and elbow flexion and extension or an impaired range-of-motion test involving the shoulder or elbow; or A combination of comparable physical disabilities resulting in the applicant's inability to draw and hold a bow.

| | | | | | | |
|----------------------------|---------------|----------------------|-----------------|--------------|--|--|
| Name | | Date of Birth | | Phone | | |
| Mailing Address | | | City | | State | |
| Physical Address | | | Resident | | Nonresident | |
| Dept. ID/SSN | | Email | | | Do you hold a CHAMP Permit in AZ | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gender | Weight | Height | Hair | Eyes | AZ Res/Years | |
| | | | | | | |
| Applicant Signature | | | | Date | | |
| | | | | | | |

It shall be unlawful for any person to obtain by fraud or misrepresentation a license to take wildlife. Such license fraudulently obtained shall be void from the date of issuance. I hereby certify that the above statements are true.

Health Care Provider Certification

I hereby certify that _____ meets the requirements for a Crossbow Permit.
(Print Name)

Indicate whether the disability is temporary or permanent and, when temporary, specify the expected duration of the physical limitation.

Permanent Disability _____

Temporary Physical Limitation from Date _____ To Date _____

Health Care Provider's Name _____
(Print Name)

License Number _____

Name of Medical Facility _____

Address of Medical Facility _____

City _____ State _____ Zip _____

Phone Number _____

Health Care Provider's Signature _____ Date _____

Health Care Provider means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials: Medical Doctor, Doctor of Osteopathy, Doctor of Chiropractic, Nurse Practitioner or Physician Assistant.

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