Arizona Game and Fish Department

FOR DEPARTMENT USE ONLY

Date Received Phx Region
Date Reviewer Received
Review Completion Date
Approved Denied
Valid From To

PLEASE PRINT OR TYPE

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

APPLICATION FOR A CROSSBOW PERMIT

FEE: NONE

The Arizona Game and Fish Department may issue a Crossbow Permit to those who have a permanent 90% minimum impairment of function of one arm. This impairment must be attested to by an M.D., doctor of medicine, or a D.O., doctor of osteopathic medicine, on a form provided by the Department. If you meet this requirement, you are eligible to apply for a Crossbow Permit.

Name _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

Department ID Number/SSN: _____ Email _____

Gender ___ Height ___ Weight ___ Eyes ___ Hair ___

PHYSICIAN'S CERTIFICATION

I hereby certify that _____ has a 90% or more
(Print name of Applicant)
loss of function of at least one arm. I further certify that this disability is permanent.

Physician's Name and License No. _____
(Please Print)

Name of Medical Facility _____

Address of Medical Facility _____

(Street Address)

_____ _____
(City) (State)

_____

SIGNATURE Date _____ Telephone # _____

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.

_____

SIGNATURE OF APPLICANT _____ DATE

FORM 2738-A Revised 8/06

Print Form