



## BOW PERMITS FOR DISABLED HUNTERS IMPORTANT INFORMATION

Issued under authority of Part 401 of 1994 PA 451, as amended.

[www.michigan.gov/dnr](http://www.michigan.gov/dnr)

The Michigan Department of Natural Resources (DNR) provides disabled hunters the opportunity to pursue the hunting tradition by issuing special permits to hunt. Although persons may have disabilities of many different types, the special permits and the criteria that have been established by law are below. Before applying please take a few minutes to review the qualifying criteria and information provided.

This application may be used for either of the following special permits:

### 1. MODIFIED BOW PERMIT CRITERIA

- A permanently disabled person who has full use of only 1 upper extremity and is unable to hold, aim and shoot conventional archery equipment.

This permit authorizes the person to take game during the open season for that game with a bow that has been modified so that the bow may be held, aimed, and shot with 1 upper extremity. The individual must hold a valid license to take that game and must comply with all other laws and rules for the taking of that game.

### 2. CROSSBOW PERMIT CRITERIA

- A person with a permanent disability rendering them unable to use conventional archery equipment, as determined by evaluation from a Physician or a licensed/registered Physical or Occupational therapist

The Michigan DNR may issue a permit to a person who is certified as being permanently disabled by a licensed/registered Physician, Physical or Occupational therapist. This permit authorizes the person to take game with a crossbow during the open season for that game if the person possesses a valid license to take that game and complies with all other laws and rules for the taking of game.

### APPLICANT DIRECTIONS

Complete sections 1 through 2 and submit the application to a licensed/registered Physician, Physical or Occupational Therapist to complete **sections 3 through 5** certifying your qualifications for one of the permits.

Once you have received the certified application from your Physician, Physical or Occupational Therapist, sign and mail to:

- Modified Bow applications should be submitted to the Michigan DNR office for your county listed on page 5. A Michigan DNR Conservation Officer will schedule an investigational interview for any application that has not been certified by a medical professional.
- All Crossbow applications must be certified and submitted to the Crossbow Program address listed on the bottom of page 4.
- Ensure that all requested information is completed. The application will be returned to you if there is any missing information.
- You do not need a physician's signature to certify the therapist's findings.
- The Michigan DNR must receive the original signed document - FAXed applications may not be processed.
- Retain a copy of the completed application for your files.

## APPLICANT INFORMATION

Allow 2-4 weeks for normal processing. Application and call volumes are at their peak during the month of September; expect 4-6 weeks for processing during this period.

Eligible applicants will receive the appropriate permit by mail. A permit is not valid unless signed by the Michigan DNR Director or authorized representative. The permit must be carried by the permittee while attempting to take game during the open season for that game. Permittee must have a license to take that game.

Questions on a Modified Bow application please contact the Michigan DNR Operations Service Center listed for your county on page 5. Questions on a Crossbow application please contact Michigan DNR, Customer Systems, at 517-335-3274.

For more information on permits for hunters with disabilities please visit our web site at [www.michigan.gov/dnr](http://www.michigan.gov/dnr).

We look forward to assisting you with obtaining the appropriate permit, which may enable you to pursue the hunting tradition.

## DEFINITIONS

**Crossbow** - *A weapon consisting of a bow mounted transversely on a stock or frame and designed to fire an arrow bolt or quarrel by the release of a bow string controlled by a mechanical or electric trigger with a working safety and a draw weight of 100 pounds or greater.*

**Physical Therapist/Occupational Therapist** - *A person licensed/registered to engage in the practice of physical therapy under Article 15 of the public health code, 1978 PA 368.*

**Physician** - *A person licensed by the State to practice medicine or osteopathic medicine and surgery under Article 15 of the public health code, 1978 PA 368.*

**NOTE:** Arrows, bolts, and quarrels used for taking deer, bear, elk, and turkey with a crossbow must be at least 14 inches in length and have a broadhead hunting type point not less than 7/8 inch wide.

## DISABILITY CRITERIA AND REQUIRED TEST STANDARDS

**NOTE TO EXAMINER:** Except where otherwise indicated, you may use any medically accepted standard testing procedures to examine for muscle weakness or range of motion limitations of the upper extremities. You should ascertain from the applicant or Physician which muscle group or joint is the source of the disability. Pain or lack of endurance alone cannot be used as grounds for granting a crossbow permit. Loss of function must be substantiated through a Functional Draw Test, Manual Muscle Test, or Range of Motion Test. Substandard scoring in any area is sufficient proof to grant the permit.

**FUNCTIONAL DRAW TEST:** Used to allow for simulation of the drawback posture and or position with a weight equivalent to 35 pounds of resistance for a 4 second duration to successfully simulate the motion, strength and duration of hold requirements necessary to use conventional archery equipment.

**MANUAL MUSCLE TEST:** Shoulder flexion, shoulder extension, shoulder abduction (horizontal plane) elbow flexion and elbow extension are graded equal to or less than 3 of 5 using a standardized manual muscle grading scale or an equivalent test.

**IMPAIRED RANGE OF MOTION TEST:** The range of motion disability is assessed utilizing a standard goniometer or an equivalent test. If the applicant scores "equal to or less than" in any of the joint ranges indicated, a permit may be granted. Goniometric Evaluation: Shoulder flexion: equal to or less than 90 degrees, shoulder extension: equal to or less than 10 degrees, shoulder abduction: equal to or less than 70 degrees, elbow flexion: equal to or less than 90 degrees, elbow extension: equal to or less than (**negative**) -20 degrees.

**NOTE:** A person shall not seek diagnosis from a physical or occupational therapist or a physician for purposes of meeting the requirements of this section on more than 2 occasions within a 6-month period.



MODIFIED BOW AND CROSSBOW
APPLICATION FOR DISABLED HUNTERS

www.michigan.gov/dnr

Issued under authority of Part 401 of 1994 PA 451, as amended.

MODIFIED BOW OR CROSSBOW APPLICANT:

Complete sections 1 through 2 and submit to your Physician or licensed/registered Physical/Occupational Therapist for completion of sections 3 through 5.

SECTION 1 - APPLICANT INFORMATION

Form with fields for Name, Michigan Driver License No., Street Address, Michigan DNR Sportcard No., City, State, ZIP, County, Telephone, Date of Birth, Height, Weight, Hair Color, Eye Color, Sex.

SECTION 2 - APPLICATION TYPE

Application type options: APPLICATION FOR PERMIT TO TAKE GAME WITH A MODIFIED BOW (Not Crossbow) and APPLICATION FOR PERMIT TO TAKE GAME WITH A CROSSBOW, each with a checkbox for NEW.

I hereby covenant and agree to indemnify and save harmless, the State of Michigan, its departments, officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to (1) issuance of this permit; (2) the activities authorized by this permit; and (3) the use or occupancy of the premises which are the subject of this permit by the Permittee, its employees, contractors, or its authorized representatives.

A person who violates a condition of a permit issued under this part is guilty of a misdemeanor punishable by imprisonment for not more than 90 days, a fine of not less than \$50.00 or more than \$500.00, or both, and the costs of prosecution.

If a permit is issued, I agree to the terms and conditions as stated on this application.

Signature of Applicant

Date

PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST:

Complete sections 3 through 5 of the Modified Bow or Crossbow Application for Disabled Hunters.

SECTION 3 - PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST INFORMATION

Form with fields for Name of Examiner, Title, Address, Registration/License Number, City, State, ZIP, Telephone.

**SECTION 4 – EVALUATION**

*Physician Only – Check the appropriate box*

- Amputations** involving body extremities required for stable function to use conventional archery equipment.
- Spinal Cord Injury** resulting in permanent disability to the lower extremities, leaving the applicant permanently non-ambulatory
- Permanent Wheelchair Restriction**
- Other:** Applicant has a permanent disability that renders them unable to use a conventional archery equipment:  
Describe in layman’s terms the disability and how the disability prevents the applicant from using conventional archery equipment other than a crossbow:

*Physician or Physical/Occupational Therapist – Substandard scoring in any area is sufficient proof to grant the permit as referenced on page 2.*

- Functional Draw Test**
- Manual Muscle Test**
- Impaired Range of Motion Test**

**SECTION 5 – PHYSICIAN OR PHYSICAL/OCCUPATIONAL THERAPIST APPROVAL AND CERTIFICATION**

**Crossbow Permit**

Is the applicant permanently disabled and unable to use conventional archery equipment?  Yes  No

**Modified Bow Permit (if applicant does not qualify for a Crossbow Permit)**

Is applicant permanently disabled with full use of only 1 upper extremity and unable to hold, aim or shoot conventional archery equipment?  Yes  No

*Fraudulent certification of disability status could result in a complaint to the Michigan Department of Labor and Economic growth pursuant to MCL 333.16231 for disciplinary review.*

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Licensed/Registered Physical/Occupational Therapist*

\_\_\_\_\_  
*Date*

*Submit this completed and signed application to:*

**CROSSBOW PROGRAM, CUSTOMER SYSTEMS  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30181  
LANSING MI 48909-7681**

**FOR MICHIGAN DNR USE ONLY**

**CROSSBOW / MODIFIED BOW PROGRAM**

BY: (For Director, Michigan Department of Natural Resources)

Permit Issue Date

Permit Expiration Date

## MICHIGAN DNR LAW ENFORCEMENT OFFICES AND JURISDICTIONAL COUNTIES

IF YOU LIVE IN:		SEND YOUR APPLICATION TO:	Telephone #
Baraga Dickinson Gogebic Houghton Iron	Keweenaw Marquette Menominee Ontonagon	} <b>DISTRICT 1</b> LAW ENFORCEMENT DIVISION MARQUETTE OPERATIONS SERVICE CENTER MICHIGAN DEPT OF NATURAL RESOURCES 1990 US-41 SOUTH MARQUETTE MI 49855	<b>906-228-6561</b>
Alger Chippewa Delta	Luce Mackinac Schoolcraft		
Alpena Antrim Charlevoix Cheboygan	Emmet Montmorency Otsego Presque Isle		
Benzie Grand Traverse Lake Leelanau Manistee Mason	Mecosta Newaygo Oceana Osceola Wexford		
Alcona Clare Crawford Gladwin Iosco	Kalkaska Missaukee Ogemaw Oscoda Roscommon		
Arenac Bay Gratiot Huron Isabella	Midland Montcalm Saginaw Sanilac Tuscola	} <b>DISTRICT 6</b> LAW ENFORCEMENT DIVISION BAY CITY OPERATIONS SERVICE CENTER MICHIGAN DEPT OF NATURAL RESOURCES 503 NORTH EUCLID AVE, SUITE 1 BAY CITY MI 48706	<b>989-684-9141</b>
Allegan Barry Berrien Cass Ionia Kalamazoo	Kent Muskegon Ottawa St. Joseph Van Buren		
Branch Calhoun Clinton Eaton Hillsdale Ingham	Jackson Lenawee Livingston Shiawassee Washtenaw	} <b>DISTRICT 8</b> LAW ENFORCEMENT DIVISION ROSE LAKE FIELD OFFICE MICHIGAN DEPT OF NATURAL RESOURCES 8562 EAST STOLL ROAD EAST LANSING MI 48823	<b>517-641-4903</b>
Genesee Lapeer Macomb Monroe	Oakland St. Clair Wayne		