



Crossbow Permit Application

For the purpose of securing authorization to hunt with a crossbow, I attest that I have a permanent or temporary physical impairment due to injury or disease, congenital or acquired, which renders me so disabled as to be unable to use a conventional bow and arrow device.

Further, I authorize my physician to furnish medical records regarding my disability, as may be required by the Department, in order to determine my qualification for this permit. I release my physician from any liability or any damages whatsoever in furnishing same. A photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

***NOTICE: If you do not complete the application in full, you will not be considered for a crossbow permit.**

The following is my true description:

Name (printed): _____ Date of Birth: _____
Street (or mailing) Address: _____
City: _____ County: _____ State: _____ Zip: _____
Daytime Phone: (____) _____ - _____

Have you ever been issued a Crossbow Permit in the State of Illinois? ___Yes ___No

If you answered yes to the previous question, on what date was the permit issued? ___/___/___

Certification:

Pursuant to 5 ILCS 100/10-65(c), IDNR must require license applicants to certify as follows: "I hereby certify, under penalty of perjury," that: (check one)

- I am not subject to a child support order.
- I am not more than 30 days delinquent in complying with a child support order.
- I am more than 30 days delinquent in complying with a child support order.

Applicant's Social Security Number: _____ - _____ - _____

Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65 for use under the State's child support enforcement program.

Failure to certify may result in denial of the application/renewal and making a false statement may subject the licensee to contempt of court [5 ILCS 100/10-65(c)].

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN:

Applicant's disability meets at least one of the following criteria:

1. Applicant has amputation or other loss of one or more arms. ___Yes ___No
2. Applicant has amputation or other loss of the index and middle finger on the draw and release hand. ___Yes ___No
3. Applicant is legally blind. *Please provide documentation.* ___Yes ___No
4. Applicant has permanent or temporary substantial loss of function in one or both arms or one or both hands and fails to meet the minimum standards of any one of the following **standard tests: Attach test results.**
 - A) Upper extremity pinch ___Yes ___No
 - B) Grip ___Yes ___No
 - C) Nine-hole peg ___Yes ___No
5. Applicant has permanent or temporary substantial loss of function in one or both shoulders and fails to meet the minimum standards of the **standard shoulder strength tests. Attach test results.** ___Yes ___No

It has been determined that most persons who are able to pass the standard tests (Sections 4 & 5 on page 1) will be able to use a conventional bow and arrow device. If, in your professional opinion, you believe there are extenuating circumstances present that would prevent the applicant from using a conventional bow and arrow device, complete Section 6.

6. Applicant has any other permanent or temporary disability that renders him/her unable to use a conventional bow and arrow device. ___ Yes ___ No

Describe in layman's terms the disability and how the disability prevents the applicant from using a bow and arrow device other than a crossbow: _____

What is the prognosis of the applicant's condition? _____

Is it a permanent condition or a temporary condition **ONLY MARK ONE BOX**

List the specific limitations of the applicant's disability: _____

I do hereby swear and affirm, under penalty of perjury, that I have personally examined the above named individual, and that by reason of his/her permanent or temporary disability, he/she is physically unable to use a conventional bow and arrow device, and would be deprived of the privilege of hunting if not permitted to hunt with a crossbow.

BELOW MUST BE SIGNED BY A LICENSED PHYSICIAN

Physician's Name (printed): _____

Street (or mailing) Address: _____

City: _____ County: _____ State: _____ Zip: _____

License Number: _____ Office Phone: (____) _____ - _____

Physician's Signature: _____ Date: _____

Signed and dated before a witness, attesting that above named person is a licensed physician:

Witness' Name (printed): _____

Street (or mailing) Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ - _____

Witness' Signature: _____ Date: _____

Once this application is validated by the Office of Law Enforcement, you will receive a hard card permit. This card is your authorization to hunt with a crossbow. This authorization only applies to the taking of game species during the seasons open to their taking by the use of archery devices. This authorization does not exempt you from the necessity of obtaining a hunting license, stamps, or deer/turkey permits as required by law. You are required to carry this authorization with you while exercising this privilege and must present it to any law enforcement authority. If you lose this authorization, you will be required to reapply.

Return completed application to:

Illinois Department of Natural Resources
Office of Law Enforcement
One Natural Resources Way
Springfield, IL 62702-1271



EQUAL OPPORTUNITY TO PARTICIPATE IN PROGRAMS OF THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES (IDNR) AND THOSE FUNDED BY THE U.S. FISH AND WILDLIFE SERVICE AND OTHER AGENCIES IS AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF RACE, SEX, NATIONAL ORIGIN, DISABILITY, AGE, RELIGION OR OTHER NON-MERIT FACTORS. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, CONTACT THE FUNDING SOURCE'S CIVIL RIGHTS OFFICE AND/OR THE EQUAL EMPLOYMENT OPPORTUNITY OFFICER, IDNR, ONE NATURAL RESOURCES WAY, SPRINGFIELD, IL., 62702-1271; 217/785-0067; TTY 217/782-9175.