



VIRGINIA DEPARTMENT OF WILDLIFE RESOURCES
DISABLED ARROWGUN AUTHORIZATION FORM
(Under Authority of §29.1-306 of the Code of Virginia)

Purpose:

This form is to provide a physician's certification of a disability that qualifies for the use of an arrowgun as per §29.1-306 and defined in §29.1-519 of the Code of Virginia during the special archery hunting season by a disabled person, including the Urban Archery deer hunting season where applicable. Qualifying disabilities are those that prevent a person from drawing the weight of a bow or crossbow.

- A physician must complete this form prior to hunting with an arrowgun during the special archery season.
- This authorization is valid for one (1) year from the date of physician's signature.
- This form is not required for using an arrowgun during any other authorized hunting season.
- **This completed form shall be in your possession while hunting with an arrowgun during the special archery season.**

In accordance with §29.1-306 of the Code of Virginia

Any person who is disabled so as to prevent drawing the weight of a bow or crossbow may obtain such license for hunting with an arrowgun. The applicant shall provide proof of disability acceptable to the Director on a standardized form provided by the Department.

Hunter Information:

Name (First, Last): _____
Date of Birth (mm/dd/yyyy): ____ / ____ / ____ DWR Customer ID (if available): _____
Address (Street): _____
City: _____ State: _____ Zip Code: _____
Phone: (____) ____ - _____
Applicant's Signature: _____ Date: ____ / ____ / ____

Physician's Statement:

I hereby certify that _____ (hunter's name) is disabled to a degree to meet the criteria set forth in §29.1-306 in the Code of Virginia, preventing them from drawing the weight of a bow or crossbow during the upcoming/current special archery hunting season designated by the Virginia Department of Wildlife Resources.

Date of Examination (mm/dd/yyyy): ____ / ____ / ____ Medical License #: _____
Signature of Physician: _____ Date: ____ / ____ / ____
Printed name of Physician: _____
Office Address (Street): _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) ____ - _____

This authorization does not constitute a hunting license or privilege.
All laws and license requirements remain applicable and in effect.
This authorization form does not allow a hunter to hunt or shoot from a vehicle.