

OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION

Street Address:  
1801 N. Lincoln  
Oklahoma City, OK 73105  
(405) 521-3851

Mailing address:  
P.O. Box 53465  
Oklahoma City, OK 73152

<b>For Office Use Only</b>
Permit # _____
Date Issued _____

**Motor Vehicle Hunting Permit Application**

Please refer to application requirements on the back of the application. There is no charge for this permit.

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Street Address \_\_\_\_\_

City \_\_\_\_\_, Oklahoma Zip Code \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Day Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

**DOCTOR'S STATEMENT**

I certify that this applicant, to the best of my knowledge, is permanently confined to a wheelchair or must use crutches or other means of support or assistance for bodily mobility. *This disability severely restricts this applicant's ability to walk.*

**NATURE OF DISABILITY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Doctor's Mailing Address \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized Department Employee**

## Motor Vehicle Hunting Permit Application Requirements

As of May 5, 1985, the Oklahoma Department of Wildlife Conservation has established the following policy for the use of motorized vehicles for hunting on Department-managed lands.

1. Motor vehicle hunting permits will be issued to qualified permanently disabled applicants for a five year period.
2. Applicant must obtain a doctor's signature and statement of nature of disability as proof of permanent status.
3. Disability must be permanent with no hope of recovery during applicant's lifetime.
4. Disability must be to the extent that the applicant is confined to a wheelchair or requires the use of crutches, a walker, or other means of support or assistance for bodily mobility.
5. Applicant must have name, telephone number, and signature of certifying medical doctor licensed to practice medicine in Oklahoma.
6. Permit will be for hunting wildlife that may be legally taken during open seasons on Department-managed lands. Motor vehicle use is intended only as a means of facilitating access. During the actual taking of any wildlife, the vehicle being used by the permittee must be stopped and the engine must be turned off. Holders of this permit must also have all appropriate hunting licenses and tags or proof of exemption.
7. Applicant must allow at least 10 days for verifying, processing, and mailing permit. Permit cannot be issued on the same day of application.
8. Applicant must carry the provided permit and a current hunting license. A provided sticker must be conspicuously displayed to designate the vehicle as being used by a motor vehicle permittee. Attaching the sticker to a removable plate which may be displayed on more than one vehicle is suggested.
9. As provided in O.S. Title 29 § 5-203.1, any person convicted of violating this regulation shall be punished by a fine of not less than \$250.00 for a first offense and not less than \$500.00 for a second offense, or by imprisonment in the county jail for not less than ten days, no more than one year, or by confiscation pursuant to O.S. Title 29 § 5-402, or by fine, imprisonment, and confiscation.