



Applicant Information:

Customer Identification #
Name
Phone
Address
City
State
Zip
Date of Birth
Gender
Weight
Height
Eye Color
Hair Color

Requirements:

- 1. A person may obtain this Certificate of Registration to take wildlife with a telescopic sight if they have a vision impairment leaving them with worse than 20/40 corrected visual acuity in the better eye.
2. In the professional opinion of the eye care provider: the telescopic sights will sufficiently mitigate the effects of the disability to enable the person to adequately discern between lawful and unlawful wildlife species and genders, and safely discharge a firearm or bow in the field.
3. Provide the below physician statement confirming the vision impairment by a licensed ophthalmologist, optometrist, or physician (MD, Do, or PA).

As the applicant, I have read and understand the requirements for obtaining this Certificate of Registration.

Signature of Applicant
Date

Physician's Statement:

(Below must be completed and signed by physician (MD, DO, or PA), ophthalmologist, or optometrist)

I hereby certify the above named applicant meets the criteria for use of telescopic sights and that following information is true and correct.

- 1. The applicant has worse than 20/40 corrected visual acuity in the better eye: Yes No
2. Telescopic sights will sufficiently mitigate the effects of the disability to enable the applicant to adequately discern between lawful and unlawful wildlife species and species genders : Yes No
3. Telescopic sights will sufficiently mitigate the effects of the disability to enable the applicant to safely discharge a firearm or bow in the field: Yes No
4. The applicant's vision impairment is permanent?: Yes No

Please explain how the patient's impairment satisfies the state requirements: (attach additional pages if necessary)

Blank lines for explanation of impairment.

Dr. Office Use Only:

Physician Signature
Physician Name (print)
Professional Title
Date
Telephone Number
Address
City
State
Zip

Please reference Rule R657-12 Hunting and Fishing Accommodations for People with Disabilities for any questions and/or concerns: https://wildlife.utah.gov/r657-12-hunting-and-fishing-accommodations-for-people-with-disabilities.html

For more information or additional consideration please contact a DWR office.

To submit your application please email, mail, or deliver to a regional office.

Email: dwrllicensesale@utah.gov

Phone: (801)-538-4815

Mail to:

Attention Licensing

1594 West North Temple Suite 2110

Salt Lake City, UT 84114

Attention: False, Inaccurate, or Misleading Information on this application is a criminal offense and a violation of Utah Code Title 23 Chapter 19 Section 5

DWR USE ONLY
Approved
Denied
Need More Information (forward app to SLO)
Region
Date
Clerk