

LICENSE DURATION Lifetime

Modified Crossbow Permit

For Office Use Only

LICENSE FEE

No Fee

NYS Department of Environmental Conservation

Special Licenses Unit · 5th Floor

625 Broadway, Albany, New York 12233

Application

This permit authorizes hunters with a permanent physical disability (verified by a licenses physician) to use a crossbow equipped with

a breath-tube apparatus for releasing the bowstring.

For more information on this license visit www.dec.ny.gov/permits/250022.html

License #

*Applicant In	formation								
name / date of birth									
address	Last First					M.I.	DOB (mm/dd/yyyy)		
address									
	Street Address	et Address Apartment/Unit City							
	,				State	Zip Code			
email / telephone					()	-		
Email					Telephone				
Provide your N	YS Hunting License ID # (must be currer	at year license)							
Frovide your N	13 Hunting License 10 # (must be curren	L year licerise)							
*Dhysisian C	retification (- 1								
physician name	ertification (<mark>To be completed by lice</mark>	insed physician)							
and license #									
	Physician Name			Physician L	icense Numbe	er			
address									
	Street Address	Apart	ment/Unit	City					
	County	 State	Zip Co	.de	(Teleph)			
I haraby contifu	that the above named applicant is n				•		antly incoma	bloof	
	chanical device attached to a legal lo							DIE OI	
	•		_	_	_				
*Physician's Signature						Date			
REQUIRED DOCUMENT(S) (must be submitted with your application) APP (before sending this						ION CHECKLIST		ving)	
Two 2x2 pho	otographs (i.e. passport photo) for your	•				arked with an a			
			☐ You	r physician cor	npleted and s	igned the "Phy	sician Certific	ation" section	
					•	.6			
			🗀 🚻	signed and da	ited Delow				
	ant to ECL Section 3-0301(2)(Q), fal	se statements made or	this applicati	on are punisl	hable in acco	ordance to Se	ction 210.45	of the NYS	
Penal Law.									
*Applicant's Signature					Date				
MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:					For guestions or concerns, please contact us				

Please allow 45 days for DEC to review and process your application.

¹Incomplete or vague applications will be returned and delay the processing of your permit.

Phone: (518) 402-8985 · Fax: (518) 402-8925

Email: SpecialLicenses@dec.ny.gov

Website: www.dec.ny.gov/63.html