# Request for a Reasonable Accommodation to Use an Unmodified Crossbow During the Regular Bow Season

A reasonable accommodation under the Americans with Disabilities Act (ADA) may be requested by individuals with disabilities whose needs are not met by the Modified Longbow authorization or Modified Crossbow Special Permit. Certification of disability by a licensed physician is required for a reasonable accommodation for unmodified crossbow use to be granted. Your physician must certify that: "The individual is incapable of holding a bow or operating a mechanical device attached to a legal longbow for drawing, holding, and releasing a bowstring due to a physical disability."

The Department has created an automated system for processing requests for a reasonable accommodation to use an unmodified crossbow. This system will allow individuals to complete the approval process entirely online. By using the online system individuals will be able to track the progress of their request and if approved, receive an approval within two weeks of submission.

### Requesting an ADA Reasonable Accommodation to use an unmodified crossbow:

### 1. Create a NY.gov account

You must have a **NY.gov account** with a current email address. If you do not have an account, you can create one at <a href="https://my.ny.gov/">https://my.ny.gov/</a> by following the instructions below.

- a. Click the "Create an Account" button and then follow the instructions.
- b. Please choose the "Personal" option when creating an account (even if you are a business). Responses to the challenge questions must be at least 4 characters long.
- c. After creating a NY.gov account, return to these instructions and complete the remaining steps.
- d. To update your NY.gov email address:
  - i. Click 'Sign Out' to exit your nForm account.
  - ii. Go to https://my.ny.gov.
  - iii. Sign in.
  - iv. Click "Update My Account."
  - v. Update your email address.
  - vi. Click "Modify Account."
  - vii. Click "Confirm."
  - viii. Click "OK."
  - ix. Go to https://nform-prod.dec.ny.gov to sync with your nForm application.

## 2. Submit a Request for a Reasonable Accommodation

Request forms are available through the New York State Department of Environmental Conservation eBusiness Portal.

- a. Complete the "Applicant Information" section of the online request.
- b. Proceed to the "Additional Documents Required" section of the online request.

- c. Download a copy of the "Reasonable Accommodation Request Form" and complete the form.
- d. Have your doctor sign the physician certification section of the form.
- e. Save the form as a pdf or take a photo of the completed and signed form.
- f. Return to your account.
- g. Click "My Submissions" at the top, right of the screen.
- h. Locate your draft request and click the blue > to view your submission.
- i. Click "Continue Editing Draft" at the right of the screen.
- j. Proceed to the "Additional Documents Required" section of the online request.
- k. Upload the pdf/photo of the completed form.
- I. Review the information you have entered in the online request.
- m. Agree to terms and click "Sign" to submit your online request.

#### 3. Receive Your Authorization

Once your Reasonable Accommodation Request Form has been reviewed for completeness, you will receive an email from eBusiness Portal Notification <nformsresp@dec.ny.gov> with a link to your authorization. Approvals should be received within two weeks of submission. Please follow the link, print your authorization, and carry it with you while you are afield. If you do not see the email, please check your spam or junk folders. If you are still unable to locate this email, please contact <a href="mailto:SpecialLicenses@dec.ny.gov">SpecialLicenses@dec.ny.gov</a>.

Once your authorization is issued, you can also download a copy directly from your account:

- a. Log in to your account.
- b. Click "My Submissions" at the top, right of the screen.
- c. Locate your submission.
  - a. If the Status is not 'Issued' we are still reviewing your request.
  - b. If the Status is 'Issued' your request has been approved and you will be able to download a copy of your approval.
- d. Click the blue > on the right of the screen to view your submission.
- e. Scroll down to the 'Documents & Attachments' section.
- f. Click 'RACrossbowApproval.pdf' to download your authorization.

The Department will still accept Reasonable Accommodation Request forms submitted by mail; however, please note that it may take up to 90 days to process these requests.

For questions or concerns, please contact us at:

NYS Department of Environmental Conservation Special Licenses Unit · 5th Floor 625 Broadway, Albany, New York 12233 Email: SpecialLicenses@dec.ny.gov Reasonable Accommodation Request Form Pursuant to the Americans with Disabilities Act

For expedited processing, upload your completed and signed request form online at:

https://nform-prod.dec.ny.gov/?FormTag=SLS\_RACROSSBOW

Date

For Office Use Only

Please note: paper request	forms submitted b	y mail may t	ake up to	90 days t	o process.
----------------------------	-------------------	--------------	-----------	-----------	------------

	Please note: paper request forms	Submitted	by IIIaii II	iay take	e up to 90	uays t	o proc	.ess.				
*Requestor Ir	formation											
name / date of birth												
date of birth	Last	- First					M.I.	D	OB (mm	/dd/yyyy)	)	
address												
	Character Address	A									-	
	Street Address	Apartment/Un	it C	ity								
	County				State			Zip Code			-	
email / telephone						,						
	Email					( Telephoi	)					
	Email				T	Тетерио		1		1		
Provide your NY	'S Hunting License ID # (must be current year license)	)										
Disability Durati	ion: Temporary Permanent											
and the co	1.66											
_	rtification ( <mark>To be completed by licensed physicia</mark>	<mark>n</mark> )										
physician name and license #												
	Physician Name			Physici	ian License Nu	mber						
address												
	Street Address	Apartme	ent/Unit	City							_	
	Street/Idaicss	ripartine	ing offic	City								
	County	Ctata	Zip Cod		(_	lephone	_)					
	County	State	· ·									
	that the above named requestor is my patient a chanical device attached to a legal longbow for									bow or		
operating a met	chanical device attached to a legal longbow for	drawing, non	uilig, aliu le	ieasiiig a	DOWSTILLS O	iue to a	priysica	ii uisabii	iity.			
*Physician's Sigr	aaturo					Date				_		
i ilysician s sigi	lature					Date						
					REQUES	ST FORM	CHECKL	.IST				
				All form fields/sections marked with an asterisk (*) are complete								
Your physician completed and signed the "Physician Certificatio							ition" sec	tion				
					Id dated below			•				
				O								
NOTICE: False s	statements made herein are punishable as a Cla	ss A misdeme	eanor pursua	ant to Se	ction 210.45	of the F	enal La	w.				
Requestor's Sign	ature					_	ate					
	rocessing, upload your completed and sign	ned request	form onlin	ne at:								

https://nform-prod.dec.ny.gov/?FormTag=SLS\_RACROSSBOW

OR MAIL YOUR COMPLETED FORM AND REQUIRED DOCUMENT(S) TO:

NYS Department of Environmental Conservation

Special Licenses Unit · 5th Floor

**DURATION** 

FEE

No Fee

**Bow Season** 

625 Broadway, Albany, New York 12233

\*Please note: paper request forms submitted by mail may take up to 90 days to process.

For questions or concerns, please contact us at: Phone: (518) 402-8985 · Fax: (518) 402-8925 Email: SpecialLicenses@dec.ny.gov Website: https://www.dec.ny.gov/regulatory/ permits-licenses/fish-wildlife-plant/special-licenses