



# ALL PURPOSE VEHICLE (APV) PERMIT

***Allows persons with mobility impairments to hunt from an all purpose vehicle on:***

- Designated trails on public hunting areas
- Private property

## **TO THE APPLICANT**

To apply for a permit to hunt from an ***All Purpose Vehicle (APV)/Motor Vehicle by Persons with Mobility Impairments***, the applicant must complete Section I only. All spaces must be filled in, typewritten or printed legibly in ink. Applications with incomplete or illegible information will be returned to the applicant. Only a licensed physician may complete Section II.

Please allow up to six weeks for processing. Applicants will be notified if not approved.

## **TO THE PHYSICIAN**

Your patient is applying for a permit for All Purpose Vehicle/Motor Vehicle Use by Persons with Mobility Impairments. Your careful review of the application and assessment of the medical condition of your patient is critical to proper issuance of permits. Your evaluation of the applicant's medical condition will enable us to determine if the applicant meets the established criteria for a permit.

The applicant is required to complete Section I and you must complete Section II. Please provide information to verify your certification. Please type or neatly print all information requested.

## **PERMANENT MEDICAL CONDITIONS BEING USED AS CRITERIA FOR THIS PERMIT ARE OF THREE TYPES:**

- 1) Severely limited mobility** – permanent or irreversible physical disability that prevents ability to ambulate without use of a wheelchair, walker, crutches, one leg brace or external prosthesis above the knee, 2 leg braces or external prostheses below the knees for mobility. Occasional use of only one device does not qualify. The patient must require a device for mobility and be unable to ambulate without one.
- 2) Other severely limited mobility** – qualifying criteria are those patients which have multiple conditions that result in a minimum of 90% loss of use of a lower extremity. This standard is substantial and is seldom met where the patient does not require artificial support to perform activities of daily living.
- 3) Lung disease** – to the extent that forced expiratory volume for one second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest. The patient must meet the standard continuously from the date of the test to the date of application.
- 4) Cardiovascular disease** – to the extent that functional limitations are classified in severity as class 3 or 4, according to standards accepted by the American Heart Association since May 3, 1988 and where ordinary physical activity causes palpitation, dyspnea or anginal pain. The patient must meet the standard continuously from the date of the test to the date of application.

Permits will not be issued based solely on disability from pain, fatigue or from the normal aging process. Due to their subjective nature, impairment due to pain, fatigue and aging must be supported by specific causes and the loss of function substantiated due to such conditions.

It may be necessary for a Division of Wildlife representative to contact you with questions about the information on the application. Please include a phone and fax number in the spaces provided.

Physicians may contact the Division of Wildlife at 614-265-6300 to discuss any application.

***(See reverse side of this application.)***

# ALL PURPOSE VEHICLE (APV) PERMIT APPLICATION

DNR 9154  
R1219

## GENERAL INFORMATION

The APV Permit allows use of an APV as defined in ORC section 1531.01 and or Motor Vehicle as defined in section 4501.01 B of the Ohio Revised Code on designated state wildlife area access roads for all those who meet established criteria and allows permit holder to hunt from an APV on private property. Permits are issued for a three-year period and expire on July 31.

Designated state wildlife area access roads are open for APV/Motor Vehicle use by persons with mobility impairments who have been issued the proper permit. Rules for use, maps and a listing of designated state wildlife area access roads open to APV/Motor Vehicle use by persons with mobility impairments will be provided when permits are issued.

All sections of this application must be completed and mailed to: ODNR Division of Wildlife, Law Enforcement - APV, 2045 Morse Road Building G, Columbus, Ohio 43229. If approved, your permit will be mailed to the address provided.

**SECTION I - TO BE COMPLETED BY APPLICANT:** by signing below, I hereby certify that the information on this application is true and correct. I further authorize my physician to release records related to my medical history and condition to the Ohio Division of Wildlife.

APPLICANT'S NAME _____		SOCIAL SECURITY No. _____	DATE OF BIRTH _____		
STREET ADDRESS (no PO box numbers) _____		CITY _____	STATE _____	ZIP CODE _____	
COUNTY _____	TELEPHONE No. _____	E-MAIL ADDRESS _____		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
HEIGHT _____	WEIGHT _____	HAIR COLOR _____	EYE COLOR _____	APPLICANT'S SIGNATURE _____	DATE SIGNED _____

I plan to hunt from an APV on:  Designated trails on public land (check box)  Private property (check box)

## SECTION II - TO BE COMPLETED BY A LICENSED PHYSICIAN:

The patient described above meets one of the following descriptions (check on box):

- Severely limited mobility** - permanent or irreversible physical disability that prevents ability to ambulate without use of a wheelchair, walker, crutches, one leg brace or external prosthesis above the knee, 2 leg braces or external prostheses below the knees for mobility. Occasional use of only one device does not qualify. The patient must require a device for mobility and be unable to ambulate without one. Other qualifying criteria are those patients which have multiple conditions that result in a minimum of 90% loss of use of a lower extremity. This standard is substantial and is seldom met when the patient does not require artificial support to perform activities of daily living.
- Other severely limited mobility** - qualifying criteria are those patients which have multiple conditions that result in a minimum of 90% loss of use of a lower extremity. This standard is substantial and is seldom met where the patient does not require artificial support to perform activities of daily living.
- Patient has lung disease** - to the extent that forced expiratory volume for one second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest. Documentation of specific pulmonary function testing is required. The patient must meet the standard continuously from the date of the test to the date of application.

Please provide the date of test: \_\_\_\_\_

- Patient has cardiovascular disease** - to the extent that functional limitations are classified in severity as class 3 or 4, according to standards accepted by the American Heart Association on May 3, 1988 and where ordinary physical activity causes palpitation, dyspnea or anginal pain. Documentation of specific cardiovascular function testing is required. The patient must meet the standard continuously from the date of the test to the date of application.

**Please provide the date of evaluation:** \_\_\_\_\_

**Physician Certification:** I certify that I examined the applicant named above. The information provided herein is an accurate and medically documented evaluation of the patient's condition and disability at the time of the examination. I understand that I may be required to answer questions regarding this information, and/or release patient information as part of a hearing or legal proceeding.

NAME OF PHYSICIAN (printed) _____		SIGNATURE OF PHYSICIAN _____	DATE SIGNED _____
MEDICAL LICENSE No. _____	TELEPHONE No. (include area code) _____	FAX No. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

### DOW Use Only

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Submit Completed Applications To: Ohio Division of Wildlife, Law Enforcement - APV, 2045 Morse Road, Building G, Columbus, Ohio 43229