

APPLICANT'S IDENTITY			
Surname and given name		Date of birth (Year/Month/Day)	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Address			
City, province and country			Postal code
Telephone (Home)	Telephone (Work)	Hunter's Certificate No	Code(s) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> F

APPLICANT'S DECLARATION	
Before completing the application form, please read the Explanatory document for applicants and health professionals .	
I hereby declare that my physical deficiency prevents me from hunting in accordance with the Act. Consequently, I request authorization to waive the following provisions (check the section or sections and the box or boxes that correspond to your physical deficiency):	
<input type="checkbox"/> SECTION A	
Be on or on board a stationary vehicle or trailer and be in possession of an armed crossbow or a loaded firearm and to shoot with a firearm, bow or crossbow from the said vehicle or trailer.	
<input type="checkbox"/> I am paraplegic, hemiplegic or quadriplegic; <input type="checkbox"/> I have lost one leg above the knee; <input type="checkbox"/> I have lost both legs below the belt; <input type="checkbox"/> I may move around only by means of an adapted vehicle, a wheelchair or any other similar aid.	
<input type="checkbox"/> SECTION B	
To hunt with a crossbow during the period in which only bow hunting is allowed, except in zones 17, 22, 23 and 24.	
I am: <input type="checkbox"/> paralyzed or have lost part of an upper limb, including two or more fingers, a hand or a forearm; <input type="checkbox"/> I am incapable of using a bow in a recurrent and effective way, for hunting and during practice.	
Important notice! The Certificate of physical deficiency form be completed by a doctor, an occupational therapist or a physiotherapist. The health professional's charges for the consultation are at the applicant's own expense.	
Signature of applicant	Date (Year/Month/Day)