



APPLICATION FOR SPECIAL WEAPON REASONABLE MODIFICATION HUNTING PERMIT

To Use A Nonmagnifying Scope With A Muzzleloader During A Muzzleloader Only Hunt

Before completing this application please read Commission Regulation IDAPA 13.01.04.305 printed on the reverse side. Please complete, sign and return this application along with \$1.75 issuance fee to any Department office listed on the reverse side of this application for issuance of a permit to use a nonmagnifying scope with a muzzleloader during a muzzleloader only hunt. **Expect up to 14 days for processing and notification.** Please type or print legibly. A PHYSICIAN'S, OPHTHALMOLOGIST'S, OR OPTOMETRIST'S SIGNATURE ON THIS FORM IS REQUIRED.

I, _____

Name - First, Initial and Last

Complete Address - Street, Box and Rural Route Number

City State Zip Code Telephone No.

Sex Birthdate

Social Security No. (Required By Law)

Current Year's Hunting License Number

Driver's License No. DL Issue Date

hereby make application for an IDAHO SPECIAL WEAPON MODIFICATION HUNTING PERMIT to use a muzzleloader with a non-magnifying scope during the special muzzleloader season, based upon my visual impairment. By my signature, I attest that I have a visual impairment that requires the use of a non-magnifying scope, as verified by the physician, ophthalmologist, or optometrist signing this application. I affirm that I am capable of holding and firing without assistance from other persons, legal hunting equipment.

Date _____

Signature of Applicant

ANY PERSON WILLFULLY MAKING FALSE STATEMENTS IN THIS APPLICATION SHALL BE GUILTY OF A CRIMINAL MISDEMEANOR AND THE PERMIT ISSUED TO SUCH APPLICANT SHALL BE VOID AND OF NO EFFECT FROM ITS DATE OF ISSUANCE.

PHYSICIAN, OPHTHALMOLOGIST, OR OPTOMETRIST to complete this section:

The named applicant is applying for a special permit to use a non-magnifying scope with a muzzleloader during a muzzleloader only hunt. An example of a qualifying visual impairment would be presbyopia (whether naturally occurring or as a result of surgery or trauma), where the applicant is unable to safely identify targets and the rifle sights at the same time without use of a non-magnifying scope. Please provide information below regarding the applicant's visual impairment and the limitations relating to the safe use of a muzzleloader with standard rifle sights, and how a non-magnifying scope would correct that limitation.

The following is a brief statement of the disability:

[] This is a long term (permanent) visual impairment.

[] This is a short term (temporary) visual impairment.

Describe the visual impairment including: (1) the limitations relating to the safe use of a muzzleloader with standard rifle sights, and (2) how a non-magnifying scope would correct that limitation: (NOTE: A narrative description is required in order for us to be able to process this permit.)

I certify that I have examined the named applicant, and I verify that this individual has a visual impairment that requires the use of a non-magnifying scope for the reasons and conditions described above.

Physician, Ophthalmologist, or Optometrist(Print)

City State

Signature

PHYSICIANS, OPHTHALMOLOGISTS, OR OPTOMETRISTS NOT LICENSED TO PRACTICE IN IDAHO MUST SEND A PHOTOCOPY OF THEIR MEDICAL LICENSE OR HAVE THEIR SIGNATURE NOTARIZED BELOW.

On this day of _____, 20____ before me, the undersigned, a Notary Public for the state of _____, residing in _____ county, personally appeared known to me to be the person whose name is subscribed to the within instrument, and acknowledge to me that _____ executed the same. IN WITNESS WHEREOF, I have here unto set my hand and affixed my official seal the date and year first hereinabove written:

My Commission Expires _____

IDAPA 13.01.04.305. REASONABLE MODIFICATION PERMIT FOR SPECIAL WEAPON HUNTING SEASONS.

01. Applications for Reasonable Modification Permits for Special Weapon Hunting Seasons.

a. Applications for reasonable modification permits shall be on a form prescribed by the Department.

b. Individuals using the department form for a reasonable modification permit must complete and sign the application form. Nonresident applicants must have their signature notarized. Each application submitted on the department form shall be accompanied by certification from the applicant's physician, ophthalmologist, or optometrist stating the criteria limiting the applicant's ability to participate without special accommodation. The applicant shall certify that the applicant is capable of holding and firing, without assistance from other persons, legal firearms or archery equipment. If the physician, ophthalmologist, or optometrist is not licensed to practice in Idaho, a photo copy of the physician, ophthalmologist, or optometrist medical license must accompany the application. Physicians, ophthalmologists, or optometrists must check the appropriate box for short-term or long-term disability on the application. If the disability is short term and physical mobility is expected to improve, the physician, ophthalmologist, or optometrist must include a date when the disability is expected to end.

c. Individuals must identify the equipment accommodation requested, and explain how the requested accommodation will allow them to participate in the special weapon hunt without enhancing their abilities beyond the limitations and purpose of the special weapon hunt.

02. Reasonable Modification Permits for Special Weapon Hunting Seasons.

a. Reasonable modification permits shall be issued only by the Director of the Department or his representative and shall expire no later than December 31 of the fifth year following the date of issuance.

b. The accommodation must be reasonable and must be consistent insofar as possible with all provisions guiding other participants in the special weapon hunting season. For example, persons with a focusing disability (focal plane) could request the use of optical sighting device without magnification (e.g., sighting devices that magnify the target are expressly prohibited for Archery Only, Traditional Archery Only, and Muzzleloader seasons by Rule 13.01.08, "Rules Governing the Taking of Big Game Animals in the State of Idaho," Section 410). The Director or his representative shall determine if the requested accommodation is reasonable, and may deny the application or set a modification different from the modification requested.

c. A copy of the permit shall be carried by the person while hunting in any special weapon hunt

IDAHO ADMINISTRATIVE CODE

IDAPA 13.01.08

UNLAWFUL METHODS OF TAKE

No person shall take big game animals as outlined in this section.

03. Muzzleloaders.

a. With a muzzleloading rifle or musket which is less than forty-five (.45) caliber for deer, antelope, mountain lion, or gray wolf, or which is less than fifty (.50) caliber for elk, moose, bighorn sheep, mountain goat, or black bear.

b. With any electronic device attached to, or incorporated in, the muzzleloader.

c. During a "Muzzleloader Only" season, with any firearm, muzzleloading pistol or other implement other than a muzzleloading rifle or musket that:

i. Is at least forty-five (.45) caliber for deer, antelope, mountain lion, or gray wolf, or at least fifty (.50) caliber for elk, moose, bighorn sheep, mountain goat or black bear.

ii. Is capable of being loaded only from the muzzle.

iii. Is equipped only with open or peep sights.

iv. Is loaded only with loose black powder or, loose Pyrodex or other loose synthetic black powder. Pelletized powders are prohibited.

v. Is equipped with no more than two (2) barrels.

vi. Is loaded only with a projectile with a diameter within one hundredth (.01) of an inch of the bore diameter. Sabots are prohibited.

vii. Is equipped only with flint, musket cap, or percussion cap. 209 primers are prohibited.

viii. Is equipped with an exposed pivoting hammer and has an exposed ignition system.

x. Is loaded only with a patched round ball or conical non-jacketed projectile comprised wholly of lead or lead alloy. Sabots are not allowed.

IDAHO DEPARTMENT OF FISH AND GAME
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