

**Department of Fish & Wildlife Resources  
1 Sportsman's Lane  
Frankfort, Kentucky 40601**

**HUNTING METHODS EXEMPTION – VEHICLE PERMIT**

NAME: \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_ ID#(SSN OR DRIVERS LICENSE) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

The following is to be filled out by a licensed physician.

I do hereby attest that the above named must hunt from an ATV or other vehicle because:

\_\_\_\_\_  
(description of disability)

This disability is temporary \_\_\_\_\_ or permanent \_\_\_\_\_  
(length of time is required)

**TERMS OF PERMIT**

1. Once completed and signed this application will be your HUNTING METHODS EXEMPTION PERMIT.
2. The permit holder is authorized to hunt from a vehicle.
3. The vehicle must be used for transportation and a shooting platform only, and does not authorize off road use.
4. The vehicle cannot be used to drive or flush game.
5. All other statutes and regulations must be observed.
6. Permit holder must possess appropriate KY hunting licenses and tags.
7. This permit must be carried on person.
8. If the disability is a temporary one this individual must return to conventional hunting methods at the end of the time specified above.
9. The Department of Fish and Wildlife does not maintain any copies of this permit. It is the responsibility of the user to maintain this document.
10. The Department of Fish and Wildlife does not assume any responsibility or liability for any activity conducted under this permit. The user assumes all risks and responsibilities.

\_\_\_\_\_  
Signature of licensed physician

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone Number

I \_\_\_\_\_ have read and agree with to comply with all the above terms.  
Applicant Signature

\_\_\_\_\_  
Date

**Once this form is completed, please do NOT  
return it to KDFWR.**

**THIS IS YOUR PERMIT**