



**NEW HAMPSHIRE
FISH AND GAME DEPARTMENT**
11 Hazen Drive, Concord, NH 03301

BUS19001.indd/REV. 01/23

FOR OFFICE USE ONLY

License # _____

Date Issued _____

APPLICATION FOR PARAPLEGIC LICENSE

RSA 214:13-c, Fis 1101.05

Applicants for a Paraplegic License, which may be both combination hunting and fishing license or a fishing only license, must meet the following requirements:

The attached application must be completed including the bottom portion by your physician; certifying that you are a paraplegic, suffering from permanent loss of or the loss of the use of, both lower extremities.

You will also need proof of residency; we require a valid New Hampshire driver's license or non-drivers photo ID issued from Division of Motor Vehicles.

If you are applying for the combination license, please provide a copy of your previously held hunting license from any state or province of Canada, or a copy of your Hunter Safety Certificate from any State Authorized Hunter Education Program.

The license issued is permanent; it does not need to be renewed.

A \$10.00 one-time administration fee is required.

Non Residents: Only Maine and Vermont residents may apply for a New Hampshire Paraplegic License. Although ME and VT may have different criteria for this type of license, non resident applicants must meet NH's requirements; and provide a copy of their valid ME or VT driver's license or non-driver ID issued from Division of Motor Vehicles.

If you qualify for the Paraplegic License, you may also apply for a permit to Hunt From a Motor Vehicle.

214:13-c Licenses for Certain Persons. – The executive director shall issue upon application resident hunting and fishing licenses to a person who is both a resident of this state and is either suffering from paraplegia or is suffering from the permanent loss of, or the permanent loss of the use of, both lower extremities. The executive director shall determine the form of such licenses. All such licenses shall be consecutively numbered. A license issued under this section shall be effective for the lifetime of the applicant unless sooner suspended or revoked by the executive director. The executive director shall retain the records for such licenses for a period not less than 7 years. Loss or destruction of the license after 7 years shall obligate the licensee to re-establish eligibility. A \$10 administrative fee shall be charged once, upon application to the executive director for such license.

Source. 1989, 25:1. 1995, 9:28. 1996, 202:4, eff. Jan. 1, 1997.



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APPLICANT'S SECTION

NOTE: A Department review is required prior to license issue; this may take up to 5 business days.

I hereby make application to the Director of the New Hampshire Fish and Game Dept. for a Paraplegic License:
PLEASE TYPE OR PRINT CLEARLY. All incomplete applications will be returned without consideration.

LICENSE TYPE: Fishing only: _____ Hunting & Fishing: _____ (Previous firearm license or hunter safety cert required)

APPLICANT'S FIRST NAME _____ MI _____ LAST NAME _____ DATE _____

STREET AND MAILING ADDRESS _____ DAYTIME TELEPHONE (____) _____

CITY/TOWN _____ STATE _____ ZIP _____ HOME TELEPHONE (____) _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Resident Affidavit: I certify that I am a resident of the State of New Hampshire as defined in RSA 207:1, XXIII, and that I do not claim residence in any other state for any purpose.

Sportsperson statement: I certify that my privilege to fish, hunt, trap, guide, take or land lobsters, or engage in commercial marine fishing activities are not under suspension or revocation in any state or province (RSA 214:18b) and further certify that I am aware that any conviction of certain felonies in any state or province prohibits the possession of a firearm or other dangerous weapon.

I understand that this is a permanent license and shall be valid as long as I remain a resident of New Hampshire (or a resident of a reciprocal state).

APPLICANT'S ORIGINAL SIGNATURE _____

DATE _____

Signed subject to penalties for making unsworn false statements (RSA 641:3)

After completing top part, bring this form to your physician.

PHYSICIAN'S SECTION

PLEASE TYPE OR PRINT CLEARLY

Name of Physician _____

Mailing Address _____ Tel. No. _____

I certify that: _____

Is a paraplegic as defined in RSA 214:13-c: A person who is either suffering from Paraplegia or is suffering from the permanent loss of, or permanent loss of the use of both lower extremities.

PHYSICIAN'S SIGNATURE _____ MD

DATE _____

A copy of your valid driver's license or non-driver photo ID issued from Division of Motor Vehicles; **and** a one-time \$10 fee **are required.**

Mail to: New Hampshire Fish and Game Department, 11 Hazen Drive, Concord, NH 03301