MISSOURI DEPARTMENT OF CONSERVATION

Bois D'Arc Conservation Area
Managed Deer Hunt
Statement of Eligibility

Section A: (Applicant Completes) Date: _____

PERMITTEE'S NAME: (please print Last, First, MI) | SSN | DATE OF BIRTH | SEX

PERMITEE'S ADDRESS | CITY | STATE | COUNTY | ZIP

DAYTIME TELEPHONE ( ) - | OTHER TELEPHONE ( ) -

NATURE OF DISABILITY:

_____
_____
_____
_____
_____

I certify that the included statements are true and correct to the best of my knowledge. I understand that any false statement herein may subject me to the criminal penalties of section 252.160 RSMo.

PERMITTEE'S SIGNATURE | DATE

Section B: (Physician Completes)

PHYSICIAN'S NAME: (please print Last, First, MI) | NAME OF MEDICAL FACILITY

PHYSICIAN OR MEDICAL FACILITY ADDRESS | CITY | STATE | COUNTY | ZIP

DAYTIME TELEPHONE ( ) -

DESCRIPTION OF DISABILITY: (Please include a detailed Legible description of the disability that renders it impossible for the patient to hunt using normal prescribed hunting methods AND INDICATE WHAT ANATOMICAL LOCATIONS ARE INVOLVED).

WHAT IS THE PROBABLE DURATION OF THE DISABILITY ☐ 6 MONTHS ☐ 1 YEAR ☐ 2 YEAR ☐ 3 YEAR ☐ PERMANENT

PHYSICIANS SIGNATURE | DATE

Missouri Statute 252.160. Fraudulently Securing License. **Any person who shall obtain or cause to be issued any certificate, license, or privilege from this state or any political subdivision thereof, or from any licensing or certifying organization authorized to certify or license by the laws of this state, by any deceit, shall upon conviction, be deemed guilty of misdemeanor.**