VIRGINIA DEPARTMENT OF WILDLIFE RESOURCES
DISABLED ARROWGUN AUTHORIZATION FORM
(Under Authority of §29.1-306 of the Code of Virginia)

Purpose:
To provide a physician's certification of a disability that qualifies a disabled person for the use of an arrowgun, as per §29.1-306 and defined in §29.1-519 of the Code of Virginia, during the special archery hunting season, including the Urban Archery deer hunting season where applicable. Qualifying disabilities are those that prevent a person from drawing the weight of a bow or crossbow. The special archery season spans the first Saturday in October through the Friday prior to the third Monday in November, both dates inclusive. This form is not required for using an arrowgun during the general firearms season.

- Once a physician completes this form it must be submitted to the Department in your Go Outdoors Virginia customer account found here: https://license.gooutdoorsvirginia.com/Licensing/CustomerLookup.aspx#
- Please email wildlife@dwr.virginia.gov if you need assistance submitting this form
- This authorization is valid for either one (1) year from the date of physician's signature for a temporary disability **OR** for the lifetime of the hunter if physician's statement defines hunter as permanently disabled.

In accordance with §29.1-306 of the Code of Virginia
Any person who is disabled so as to prevent drawing the weight of a bow or crossbow may obtain such license for hunting with an arrowgun. The applicant shall provide proof of disability acceptable to the Director on a standardized form provided by the Department.

Hunter Information:
Name (*First, Last*): _____
Date of Birth (*mm/dd/yyyy*):___/_____/_____ DWR Customer ID (*unless exempt*):_____
Address (*Street*): _____
City:_____ State:_____ Zip Code: _____
Phone: (_____)_____ -_____
Applicant's Signature:_____ Date: _____/_____/_____

Physician's Statement:
I hereby certify that _____ (*hunter's name*) is disabled to a degree to meet the criteria set forth in §29.1-306 in the Code of Virginia, preventing them from drawing the weight of a bow or crossbow for **(*Please initial only one option below*)**:
(1) The upcoming/current special archery hunting season designated by the Virginia Department of Wildlife Resources (Patient has a **temporary** disability). _____ (*Physician's initials here*) **OR**
(2) The remaining lifetime of patient due to a **permanent** disability. _____ (*Physician's initials here*)
Date of Examination (*mm/dd/yyyy*): _____
Signature of Physician: _____Date:_____
Printed name of Physician: _____
Office Address (*Street*):_____
City:_____ State:_____ Zip Code: _____
Phone: ( ) _____ - _____
Applicant's Signature: _____ Date: _____

This authorization does not constitute a hunting license or privilege.
All laws and license requirements remain applicable and in effect.
This authorization form does not allow a hunter to hunt or shoot from a vehicle.
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