



Disabled Veteran, Wounded Warrior and Youth APPLICATION

Hunter Information:

Name: _____ D.O.B. ______ ______ Age _____

Social Security Number _____ Sex: Male ___ Female ___

Height _____ Weight _____ Eyes _____ Hair _____

Hunters Address:Emergency Contact Information:

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ - _____ - _____ Home Phone _____ - _____ - _____ Home

Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Cell

E-mail _____ E-mail _____

Doctor or Hospital Contact Information:

(only if it still applies in your case)

Medical Information:

Physician Name _____

Hospital or Treatment Facility _____

Address _____ City _____ State _____ Zip _____

Office Phone _____ - _____ - _____ Fax _____ - _____ - _____

E-mail _____

HB 2303 Arizona 2014

APPROVED BY THE GOVERNOR APRIL 16, 2014.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 17, 2014.

Under Arizona Revised Statutes and Arizona Game and Fish Commission Rules there are ways people can transfer big game tags to children and as of July 24, 2014 tags can be transferred to Disabled Veterans.

AN ACT Amending section 17-332, Arizona Revised Statutes; RELATING TO the taking and handling of wildlife.

THE COMMISSION MAY PRESCRIBE THE MANNER AND CONDITIONS OF TRANSFERRING AND USING PERMITS AND TAGS UNDER THIS PARAGRAPH, INCLUDING AN APPLICATION PROCESS FOR A QUALIFIED ORGANIZATION, TO ALLOW a person TO transfer the person's big game permit or tag to a qualified organization for use by:

(a) A minor child who has a life-threatening medical condition or by a minor child who has a permanent physical disability. If a physically disabled child is under fourteen years of age, the child must satisfactorily complete the Arizona hunter education course or another comparable hunter education course that is approved by the director.

(b) A VETERAN OF THE ARMED FORCES OF THE UNITED STATES WHO HAS A SERVICE-CONNECTED DISABILITY. For the purposes of this paragraph:

(i) "Disability" means a permanent physical impairment that substantially limits one or more major life activities requiring the assistance of another person or a mechanical device for physical mobility.

(ii) "Qualified organization" means a nonprofit organization that is qualified under section 501(c)(3) of the United States internal revenue code and that affords opportunities and experiences to children with life threatening medical conditions or with physical disabilities OR TO VETERANS WITH SERVICE-CONNECTED DISABILITIES.

NOTE for clarification: In most cases when speaking about disabilities with Veterans\Wounded Warriors, it's based on a percentage. The definition being used under HB2303 has nothing to do with a percentage of disability but a condition. In some cases, applicants have been 100 percent disabled based on the VA but still did not qualify for a tag transfer based on the definition in HB2303. Why are we putting this note on this application? We have had some Veterans apply who didn't qualify and they get upset with our organization because we have to follow the rules. We didn't write them but we do have to follow them.

If you have any questions regarding this rule, please contact and refer to:

State of Arizona

House of Representatives

Fifty-First Legislature

Second Regular Session 2014



Consult A.R.S. 17-332 for more information. The applicant has a valid hunting or combination license on the date of transfer. Some states require satisfactorily completion of a department-approved hunter education course by the date of transfer

Has the applicant successfully completed the hunter education class?

Yes ___ No ___. If yes, in what state _____. What is the number _____?

Physically Challenged Hunters:

Those hunters who are physically challenged may qualify for a Challenged Hunter Access/Mobility Permit (CHAMP). Consult R12-4-217 for a description of this permit. Contact the Arizona Game and Fish Department office at 602-942-3000 for additional information and application. www.azgfd.com.

Changed By Nature Outdoors

Founder-Justin Youngman

P.O. Box 30662 Flagstaff Az 86003

Ringmastr22@gmail.com

928-550-1111



Medical Doctor Page

I _____ (Print Applicants Doctor's Name)

In my professional opinion, _____
(Print Applicants Name)

Meets the qualifications to participate with Changed By Nature Outdoors Nonprofit Organization

(Please note the percentage of disability is NOT used as a method to qualify for the program)

Definition of the qualification as per HB2303 youth with a terminal illness, permanent disability or A VETERAN OF THE ARMED FORCES OF THE UNITED STATES WHO HAS A SERVICE-CONNECTED DISABILITY. For the purposes of this paragraph:

(i) "Disability" means a permanent physical impairment that substantially limits one or more major life activities requiring the assistance of another person or a mechanical device for physical mobility.

Signature of Doctor _____ License # _____ on behalf of

Applicant Name _____, Date _____

Doctor's office phone number _____

Doctor's work email _____

Signed and sworn before me on _____ (Date)

Please send your original copy After completion to P.O. Box 30662 flagstaff az 86003. Thank you very much for your service and we look forward to meeting you in camp.