![C:\Users\Eddy.Corona\AppData\Local\Microsoft\Windows\Temporary Internet Files\Low\Content.IE5\TWV62BIF\OE4A_Logo[1].jpg]()

**Disabled Veteran or Wounded Warrior 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAGE 1

**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 Statues 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 case 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

PAGE 2

![C:\Users\Eddy.Corona\AppData\Local\Microsoft\Windows\Temporary Internet Files\Low\Content.IE5\TWV62BIF\OE4A_Logo[1].jpg]()

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 competition 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](http://www.azgfd.com).

Does the hunter have a current Arizona Hunting license? YES \_\_\_ NO \_\_\_\_

License # \_\_\_\_\_\_\_\_\_ EXP \_\_\_\_\_

Does the youth have an Arizona CUSTOMER ID#? YES \_\_\_ NO \_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_

The license and the Department ID are not required to apply for the OE4A program but will be necessary to get a hunting and fishing license and to have hunting permits transferred. We will need the SS# to do so. You can also have a Department/Customer ID Issued to the youth by contacting the Arizona Game and Fish Department office at 602-942-3000 for additional information.

Outdoor Experience 4 All

Eddy Corona

12826 South 38th Place

Phoenix AZ 85044

480-529-8340 Cell and 480-893-1830 fax

PAGE 3

![C:\Users\Eddy.Corona\AppData\Local\Microsoft\Windows\Temporary Internet Files\Low\Content.IE5\TWV62BIF\OE4A_Logo[1].jpg]()

**Health Care Provider Page**

I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets the requirements for the Veteran Tag Transfer. (Print Applicants Name)

“Health Care Provider means” a person who is licensed to, provide by federal government, any state, or US territory with one of the following credentials: Medical Doctor, Doctor of Osteopathy, Doctor of Chiropractic, Nurse Practitioner or Physician Assistant etc.

Meets the qualifications to participate with Outdoor Experience 4 All (The Outdoor Experience Inc.)

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

**Definition of the qualification as per HB2303:** 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s office phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s work email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed and sworn before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

It shall be unlawful for any person to obtain by fraud or misrepresentation a license to take wildlife. Such license fraudulently obtained shall be void from the date of issuance. I hereby certify that the above statements are true.

Notary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If possible and available:**

Notary Seal:

PAGE 4