

# Class C Visually Impaired Permit Application

Form 9400-415 (R 11/09)

Check here if renewal.

**An initial Class C permit is valid for the 5-year period specified on the permit.  
 Upon renewal, a Class C permit is valid for the 10-year period specified on the permit.**

**Notice:** Use of this form is required by the DNR for any application filed pursuant to s.29.193, Wis. Stats. The DNR will not consider your application unless you complete and submit this form. Personally identifiable information provided may be used to determine identity of the applicant, participation in natural resources surveys, eligibility for approvals and other enforcement purposes. The Department may provide this information to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

LEAVE BLANK—DNR USE ONLY	
Permit Number	Date Issued
Expiration Date	Issued By
Customer ID Number	

**Application must be filled out completely.**

**SECTION I - TO BE COMPLETED BY APPLICANT (Print or type legibly)**

Applicant Name		DNR Customer ID Number		Previous Permit Number	
Street or Route			Phone Number (incl. area code)		
City, State, ZIP Code			County of Residence		
Date of Birth (Mo. - Day - Year)	Color Eyes	Color Hair	Weight	Height	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

I hereby certify that the above information is true and correct, and I hereby authorize the Department of Natural Resources to examine all medical records regarding my physical disability.

Applicant's Signature	Date Signed
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**SECTION II - TO BE COMPLETED BY LICENSED PHYSICIAN OR OPTOMETRIST**

To be eligible for this permit the applicant must be blind as described in s. 47.01(1), Wis. Stats., which reads: "BLIND" means central visual acuity that does not exceed 20/200 in the better eye with correcting lenses or a visual field that subtends an angle no greater than 20 degrees.

I hereby certify the sight of \_\_\_\_\_ is impaired in accordance with s. 47.01(1), Wis Stats.

Signature of Physician or Optometrist (Please Print)	Medical License Number	Date Signed
Signature of Physician or Optometrist	Phone Number (include area code)	Fax Number (incl. area code)
Address	Mail Application To: Department of Natural Resources Disabled Permit Applications - CS 1 PO Box 7924 Madison, WI 53707 (please allow 6 weeks for review and processing)	
City, State, ZIP Code		

**29.193 Approvals for disabled persons.**

4. The department shall issue a Class C permit to any person who is visually handicapped.

(cg) Approval required. In order to hunt, fish or troll after receiving a permit under this section, the permit holder must apply for and be issued, or must already hold, any type of approval required under this chapter for the type of hunting or fishing that he or she will be doing.

(cr) Authorization. 1. A person holding a current resident or nonresident deer hunting license and a Class A or Class C permit may hunt deer of either sex with a firearm during any season open to hunting of deer with firearms that is established by the department.