



For Official Use Only	
Issued By: _____	Date: _____
Class Y Permit No. _____	

**WEST VIRGINIA DIVISION OF NATURAL RESOURCES  
LICENSE SECTION**

**APPLICATION FOR A CLASS Y CROSSBOW PERMIT**

*(APPLICATION MUST BE SUBMITTED WITHIN SIX (6) MONTHS OF PHYSICIAN'S / APRN'S CERTIFICATION)*

For the purpose of securing authorization to hunt with a crossbow, I attest that I have a permanent and substantial physical impairment which renders me so disabled as to be unable to use a conventional bow and arrow device.

Further, I authorize my Physician / APRN to furnish medical records regarding my disability, as may be required by the Division in order to determine my qualification for this permit. I release my Physician / APRN from any liability or any damages whatsoever in furnishing my medical records.

**\*NOTICE: If you do not complete the application in full, you will not be considered for a crossbow permit.**

The following is my true description:

Name (Printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street (or mailing) Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Driver's License: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Class O Permit Holders**

Do you hold a Class Q Permit? Yes  No  Current Class Q Permit Number: \_\_\_\_\_

**If yes, disregard the remainder of this application and submit it to the address listed at the bottom of this form.**

*The Class Y Permit is your authorization to hunt with a crossbow and only applies to the taking of game species during established archery seasons. You are required to carry the Class Y Permit with you while exercising this privilege and must present it to any law enforcement officer upon request.*

The Class Y Crossbow Permit must be accompanied by a valid hunting and/or fishing license and any stamps necessary to participate in the designated season.

Send completed application , with original signatures to:

**West Virginia Division of Natural Resources  
Attn: License Section  
324 Fourth Avenue  
South Charleston WV 25303-1228**

(Continued on reverse)

**THE FOLLOWING IS TO BE COMPLETED BY A LICENSED PHYSICIAN / APRN:**

1. After administering the pinch, grip and nine-hole peg tests on \_\_\_\_\_, 20\_\_\_\_, it is my opinion that: *[Check One]*

- the applicant has a **PERMANENT AND SUBSTANTIAL** loss of function in one or both hands;
- the applicant has a **SUBSTANTIAL** loss of function in one or both hands, but such loss of function is **NOT PERMANENT**;
- the applicant **DOES NOT** have a permanent or substantial loss of function in one or both hands.

2. After administering the standard shoulder strength test on \_\_\_\_\_, 20\_\_\_\_, it is my opinion that: *[Check One]*

- the applicant has a **PERMANENT AND SUBSTANTIAL** loss of function in one or both shoulders;
- the applicant has a **SUBSTANTIAL** loss of function in one or both shoulders, but such loss of function is **NOT PERMANENT**;
- the applicant **DOES NOT** have a permanent or substantial loss of function in one or both shoulders.

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Physician / ARTN Name (printed): \_\_\_\_\_

Street (or mailing) Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Number: \_\_\_\_\_ Office Phone: \_\_\_\_\_

State of License: \_\_\_\_\_

Pursuant to results obtained from administration of the pinch, grip and nine-hole peg tests and/or the standard shoulder strength test, **I do hereby swear and affirm, under penalty of law, that I have personally examined the above named individual, and that the information herein is true and accurate to the best of my knowledge.**

Physician / APRN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician / APRN Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_

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**West Virginia Division of Natural Resources**

**Attn: License Section**

**324 Fourth Avenue**

**South Charleston WV 25303**