



**Division of Wildlife**

**Permit Application Procedures**

**Electric Powered All Purpose Vehicle/Motor Vehicle Use on Designated State Wildlife Areas by Persons with Mobility Impairments**

**To the Applicant**

To apply for a permit for ***Electric Powered All Purpose Vehicle (EPAPV) (30 Horsepower maximum)/Motor Vehicle Use on Designated State Wildlife Area Access Roads by Persons with Mobility Impairments***, the applicant completes Section I only. All spaces must be filled in, typewritten or printed legibly in ink. Applications with incomplete or illegible information will be returned to the applicant with all medical information attached. Only a licensed physician may complete Section II. Please check with your physician to be sure that all necessary releases have been signed allowing them to provide the Division of Wildlife with your medical information. If your physician is unwilling to release or discuss your medical information with a Division of Wildlife representative, the application will be returned without issuing a permit. All returned applications can be resubmitted with additional information.

Please allow up to six weeks for processing. If the application is approved a permit and all applicable rules and laws will be sent by regular mail. In addition to the permit, maps of all designated state wildlife area access roads open to EPAPV/Motor Vehicle use for persons with mobility impairments will be included. Applicants will be notified if not approved. Applicants are encouraged to resubmit applications if additional medical information is available that can verify the medical condition required to receive a permit.

**To the Physician**

Your patient is applying for a permit for Electric Powered All Purpose Vehicle /Motor Vehicle Use on Designated State Wildlife Area Access Roads by Persons with Mobility Impairments. Your careful review of the application and assessment of the medical condition of your patient is critical to proper issuance of permits. Your evaluation of the applicant's medical condition will enable us to determine if the applicant meets the established criteria for a permit.

The applicant is required to complete Section I and you must complete Section II. Please provide information to verify your certification. Please type or neatly print all information requested including a detailed and complete narrative of the applicant's condition. Narratives may be completed in the space provided or on attached sheets if necessary. Medical reports are encouraged to be included with the application.

**Permanent medical conditions being used as criteria for this permit are of three types:**

- 1) Severely limited mobility** – permanent or irreversible physical disability that prevents ability to ambulate without use of a wheelchair, walker, crutches, one leg brace or external prosthesis above the knee, 2 leg braces or external prostheses below the knees for mobility. Occasional use of only one device does not qualify. The patient must require a device for mobility and be unable to ambulate without one.
- 2) Other severely limited mobility** – qualifying criteria are those patients which have multiple conditions that result in a minimum of 90% loss of use of a lower extremity. This standard is substantial and is seldom met where the patient does not require artificial support to perform activities of daily living.
- 3) Lung disease** – to the extent that forced expiratory volume for one second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest. Documentation of specific pulmonary function testing is required. The patient must meet the standard continuously from the date of the test to the date of application.
- 4) Cardiovascular disease** – to the extent that functional limitations are classified in severity as class 3 or 4, according to standards accepted by the American Heart Association since May 3, 1988 and where ordinary physical activity causes palpitation, dyspnea or anginal pain. Documentation of specific cardiovascular function testing is required. The patient must meet the standard continuously from the date of the test to the date of application.

Permits will not be issued based solely on disability from pain, fatigue or from the normal aging process. Due to their subjective nature, impairment due to pain, fatigue and aging must be supported by specific causes and the loss of function substantiated due to such conditions.

It may be necessary for a Division of Wildlife representative to contact you with questions about the information on the application. Please include a phone and fax number in the spaces provided.

Physicians may contact the Division of Wildlife at 614-265-6300 to discuss any application.

***(See reverse side of this application.)***



Division of Wildlife Permit Application

Electric Powered All Purpose Vehicle/Motor Vehicle Use on Designated State Wildlife Areas by Persons with Mobility Impairments

GENERAL INFORMATION

The Permit for Electric Powered All Purpose Vehicle (EPAPV) (1000 Watts maximum)/Motor Vehicle Use on Designated State Wildlife Area Access Roads by Persons with Mobility Impairments allows use of an EPAPV as defined in ORC section 1531.01 and or Motor Vehicle as defined in section 4501.01 B of the Ohio Revised Code on designated state wildlife area access roads for all those who meet established criteria. Permits are valid for the hunting license year only (March 1-February 28) and must be renewed on an annual basis.

Designated state wildlife area access roads are open for EPAPV/Motor Vehicle use by persons with mobility impairments who have been issued the proper permit. Rules for use, maps and a listing of designated state wildlife area access roads open to EPAPV/Motor Vehicle use by persons with mobility impairments will be provided when permits are issued.

All sections of this application must be complete and mailed to: ODNR Division of Wildlife, Law Enforcement - EPAPV, 2045 Morse Road Building G, Columbus, Ohio 43229. If approved, your permit will be mailed to the address provided.

Section I - To Be Completed By Applicant: by signing below, I hereby certify that the information on this application is true and correct. I further authorize my physician to release records related to my medical history and condition to the Ohio Division of Wildlife.

Table with applicant information: Name, License/ID, Social Security, Date of Birth, Street Address, Telephone No., Gender, E-mail Address, City, State, Zip, County, Height, Weight, Hair Color, Eye Color, Signature, Date Signed.

Section II - To Be Completed By a Licensed Physician:

The patient described above meets one of the following descriptions (check on box):

- 1. Severely limited mobility - permanent or irreversible physical disability that prevents ability to ambulate without use of a wheelchair, walker, crutches, one leg brace or external prosthesis above the knee, 2 leg braces or external prostheses below the knees for mobility. Occasional use of only one device does not qualify. The patient must require a device for mobility and be unable to ambulate without one. Other qualifying criteria are those patients which have multiple conditions that result in a minimum of 90% loss of use of a lower extremity. This standard is substantial and is seldom met when the patient does not require artificial support to perform activities of daily living.
2. Other severely limited mobility - qualifying criteria are those patients which have multiple conditions that result in a minimum of 90% loss of use of a lower extremity. This standard is substantial and is seldom met where the patient does not require artificial support to perform activities of daily living. Describe the specific condition and how it limits functional use of lower extremity(s) to the degree required. (Attach medical records or additional sheets if necessary). Applications without this description will be returned without action.

Describe below the specific condition and how it limits functional use of lower extremity(s) to the degree required. (Attach medical records or additional sheets if necessary).

- 3. Patient has lung disease to the extent that forced expiratory volume for one second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest. Documentation of specific pulmonary function testing is required. The patient must meet the standard continuously from the date of the test to the date of application.

Please provide the date of test and actual measurement.

- 4. Patient has cardiovascular disease to the extent that functional limitations are classified in severity as class 3 or 4, according to standards accepted by the American Heart Association on May 3, 1988 and where ordinary physical activity causes palpitation, dyspnea or anginal pain. Documentation of specific cardiovascular function testing is required. The patient must meet the standard continuously from the date of the test to the date of application.

Please provide the date of evaluation and actual classification.

Physician Certification: I certify that I examined the applicant named above. The information provided herein is an accurate and medically documented evaluation of the patient's condition and disability at the time of the examination. I understand that I may be required to answer questions regarding this information, and/or release patient information as part of a hearing or legal proceeding.

Table with physician information: Name of Physician (printed), Medical License #, Date Signed, Signature of Physician, Area Code & Telephone #, Fax #, Address, City, State, Zip.

DOW Use Only

Date Received: Approved By: Date: Permit #

Submit Completed Applications To:

Ohio Division of Wildlife, Law Enforcement - EPAPV, 2045 Morse Road, Building G, Columbus, Ohio 43229