ARIZONA GAME AND FISH DEPARTMENT

5000 W. CAREFREE HIGHWAY • PHOENIX, AZ 85086

CROSSBOW PERMIT APPLICATION R12-4-216 • EFFECTIVE 7/1/2026

FOR DEPARTMENT USE ONLY

Date Received: _____ Region: _____

Date: _____ ☐ Approved ☐ Denied CSR Initials: _____

Permit Number: _____ Approved By: _____ Date: _____

Permit Expires: _____ RS/LEPM/OM

Fee: $13 Resident (Class Code 7800 Annual, 7801 Certified Permanent, 7802 Certified Permanent Renewal)
Fee: $15 Non-Resident (Class Code 7900 Annual, 7901 Certified Permanent, 7902 Certified Permanent Renewal)

The Arizona Game and Fish Department may issue a crossbow permit to those who have a disability. "Disability" means a physical impairment that substantially limits one or more life activities, but does not include typical or natural physiological conditions associated with age or gender that may affect physical abilities.

Substantial physical limitation prohibits drawing and holding a bow at full draw is due to one or more of the following conditions:

i. An amputation involving 3 or more fingers at the proximal interphalangeal joint, wrist, elbow, or shoulder that prevents stable function to use a bow;

ii. Spinal cord injury affecting a hand, wrist, arm, or shoulder;

iii. Weakness resulting from a disability if the muscles, nerves, joints or connective issue in the shoulder, arm, wrist, hand, or back used in drawing and holding a bow at full draw. The weakness is confirmed and documented using a reliable and appropriate functional capacity evaluation, upper extremity performance test or manual muscle test (MMT) where the results correlate with a physical impairment substantially limiting the ability to use a conventional bow. Using MMT requires a score of 3 or worse on a scale of 0 to 5 to qualify an applicant for a crossbow permit. Weakness that is appropriate for age or gender or deconditioning not due to a chronic medical problem shall not be considered a reason for a crossbow permit.

iv. Restricted range of motion, where range of motion is assessed using a medically-accepted goniometric evaluation system and the score correlates with a physical impairment substantially limiting the ability to use a bow.

Please complete this form by typing or printing clearly. Indicate: _____ New OR _____ Renewal for certified permanent

Customer ID Number: _____ Date of Birth: _____

Legal Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____ Hair Color: _____

Gender: _____ Weight: _____ Height: _____ Eye Color: _____

☐ Resident Date of Residency: _____ (month, day, year)
☐ Non-Resident

Physical Address (if different than mailing): _____

Email: _____

Applicant's Signature: _____ Date _____

It is unlawful for any person to obtain by fraud or misrepresentation a license to take wildlife. Any license fraudulently obtained is void from the date of issuance. By signing this document I affirm that I meet the eligibility requirements of this rule and the information provided on the application is true and accurate.

Si desea hablar con un representante de servicio al cliente bilingüe para obtener información llame al 602-942-3000 de lunes a viernes de 8:00 a.m. a 5:00 p. y luego ingrese el número 5 durante el mensaje grabado.

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Attention Applicant: An annual medical certification is not required if the Qualified Physician initials the disability is permanent at the time of certification. The crossbow permit will expire 1 year from the date of the Qualified Physician's signature, the crossbow application portion must be renewed and submit appropriate fees.

Qualified Physician Certification

I hereby certify that _____ meets the requirements for a crossbow permit and that I am a Qualified Physician as defined in Rule R12-4-216.

Per R12-4-216 "Qualified physician" means a currently licensed and board-certified medical or osteopathic physician (M.D. or D.O. only) who has an unrestricted license to practice medicine in any U.S. state or U.S. territory. Physician shall primarily practice or specialize in musculoskeletal or neuromuscular disorders, diseases or conditions that cause a physical impairment that substantially limits the use of a standard bow and arrow for hunting.

The qualified physician shall assess the level of impairment on the applicant's ability to use a bow in relation to other people of same gender and age who have no physical limitations using a bow. An applicant should be assessed on whether the applicant's disability prevents the functional equivalent of holding a bow steady in a full draw position with a minimum of 30 pounds of resistance at full draw and holding a full draw for a least 4 seconds. The qualified physician must include in the medical certification, a narrative statement in lay terms explaining how the applicant's impairment substantially limits the individual's use of a bow based on the criteria in the qualified physician certification section.

I, the qualified physician, affirm that the applicant's substantial physical limitation prohibits drawing and holding a bow at full draw is due to one or more of the conditions defined on page 1 of this form.

Narrative statement:

_____

_____

_____

_____

_____

_____

_____

_____

Qualified Physician to initial if disability is certified as permanent _____

All crossbow permits expire no more than one year from the date of the Qualified Physician certification signature but may be less if the applicant will not meet the criteria for the full year.

Expiration date if less than 1 year: _____

Must indicate: (M.D. or D.O. only)

☐ **M.D.**

☐ **D.O.**

Qualified Physician's Name: _____

License Number: _____

Name of Medical Facility: _____ Phone Number: _____

Address of Medical Facility: _____

City: _____ State: _____ ZIP Code: _____

Qualified Physician's Signature*: _____ Date: _____

*By signing, the Qualified Physician acknowledges and understands that a knowingly false or fraudulent submission may result in a complaint of unprofessional conduct to the appropriate medical board.