Application for Nebraska Game and Parks Commission Exemption from Hunter Education requirements for individuals with a developmental disability.

Applicant Information:			
Name (last, first, MI):			
Social Security Number:			
Date of Birth:			
Gender:	Male	Female	
Mailing address (address,	city, state, zip)		
Daytime telephone:			
Applicant Signature:		Date	
Physician Statement			
I authorize that the above	applicant has a develop	omental disability, is at all times capab	le and
understanding of followin	g directions, and is not	a danger to himself or herself or other	s while engaged
in hunting with a firearm.	This individual will be a	ccompanied under the direct supervis	ion of a person
who is 19 years of age or	older having a valid hun	ing permit at all times.	
Physicians Signature:		Date	
Physician Information:			
Physicians Name (printed	: last, first, MI)		
License Number:			
State of License:			
Medical Facility, Address	facility, address, city, st	ate, zip):	
Telephone:			

Send to: Nebraska Game and Parks Commission, Deputy Director, 2200 N. 33rd, Lincoln, NE 68503-0370