FORM MI (Mobility Impaired Certification Application Form)

PROVISIONS AND PROCEDURES FOR CERTIFICATION:

The Department of Game and Fish, in accordance with Title 19 NMAC, may provide mobility impaired antelope, elk, deer and oryx hunting opportunities to disabled individuals who are certified as meeting at least one of the following criteria: Permanent restriction to a wheelchair, a walker, two crutches; severe permanent restriction of movement in both arms, or who has a combination of permanent disabilities which cause comparable substantial functional limitation.

If you are issued a MI Number, it will expire after 48 months and MUST be renewed.

MI ID CARD #
For Game and Fish office use only

PART 1

First Name _____ Last Name _____ MI

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone (___)___-____ Home Telephone (___)___-____

Date of Residence: __-__-__ Last four digits of Social Security Number ____ Date of Birth __-__-__

☐ M ☐ F Height_____ Weight_____ Color/Eyes_____ Color/Hair_____

I attest that the above information is true and correct and that I have a qualifying permanent mobility impairment and I am eligible for a mobility impaired certification.
Signature:_____ Date: _____

PART 2 Attending Physician's Statement

I certify that _____, has the following permanent mobility restriction as set forth in this statement.

1. ____Permanent restriction to the use of (check one): ___wheelchair, ___walker, or ___two crutches.

2. ____Severe permanent restriction of movement in both arms.

3. ____Combination of permanent disabilities which cause comparable substantial functional limitation. (Attach detailed explanation.)

Signature of Certifying Physician: _____ Date _____

Printed Name of Certifying Physician: _____

Medical License, Permit, Certificate or Board Number_____ State _____

Address:_____Telephone Number:_____