



NEW HAMPSHIRE FISH AND GAME DEPARTMENT
11 Hazen Drive, Concord, NH 03301
wildnh.com

PERMANENT DISABLED CROSSBOW PERMIT APPLICATION

RSA 207:10-c

When applying for a Crossbow permit the attached application must be completed and signed by the applicant and the applicant's physician. The crossbow applications must be reviewed by the Department; please allow 10 business days for processing.

NOTE: Persons 68 years or older, holding an archery license under RSA 208:5 may use a crossbow as an alternative to a traditional bow during the archery deer season without obtaining an additional permit. Not valid for any other species or seasons.

Physicians please note: *There must be a **permanent physical disability** and as a result of that **permanent physical disability** the person cannot operate a conventional bow or compound bow safely. The physician must provide a narrative, in terms that a lay person can understand, as to how the permanent physical disability directly effected the operation of the conventional or compound bow. If there is any question of the applicant meeting the criteria the applicant is subject to a review by a medical review board at the expense of the applicant.*

A one time \$10.00 administrative fee is to be included with application. Remit to: New Hampshire Fish & Game Department, 11 Hazen Drive, Concord NH 03301. The crossbow permit shall be perpetual. **You will still be required to purchase the appropriate hunting licenses each year.** The crossbow permit shall allow the applicant to take any species permitted to be taken by bow and arrow pursuant to 208:5, provided that the bow and arrow license under RSA 208:5 and the necessary licenses under RSA 208, RSA 209 and RSA 214 have been acquired each year. Pursuant to Fis 1101.08 **Persons holding a permanent disabled crossbow permit shall not use longbows, recurve bows or compound bows while hunting game species in New Hampshire** (you can only use your crossbow). If you have any questions, please call the Licensing Department at 271-3421.

IMPORTANT PLEASE READ: THE CROSSBOW PERMIT IS NOT AN ARCHERY LICENSE. APPLICANTS MUST PURCHASE THE NECESSARY LICENSES EACH YEAR AND FOLLOW ALL THE RULES AND REGULATIONS OF THE APPROPRIATE SEASONS, INCLUDING THE WMU RESTRICTIONS.



**NEW HAMPSHIRE
FISH AND GAME DEPARTMENT**
11 Hazen Drive, Concord, NH 03301

BUS17002.indd/REV. 4/19
FOR OFFICE USE ONLY
License # _____
Date Issued _____

CROSSBOW APPLICATION

(RSA 207:10-c Fis 1101.08)

APPLICANT'S SECTION

NOTE: A Department review is required prior to license issue; this may take up to 5 business days.

I hereby make application to the Director of the New Hampshire Fish and Game Dept. for a Permanent Disabled Crossbow Permit:
PLEASE TYPE OR PRINT CLEARLY. All incomplete applications will be returned without consideration.

NAME OF APPLICANT _____ DATE _____

STREET AND MAILING ADDRESS ADDRESS _____ DAYTIME TELEPHONE (____) _____

CITY/TOWN _____ STATE _____ ZIP _____ HOME TELEPHONE (____) _____

Date of Birth _____ Height _____ Weight _____ Age _____ Hair _____ Eyes _____ Sex _____

*NOTE: See rule for applicants who are 68 years of age or older.

APPLICANT'S SIGNATURE _____ DATE _____
Signed subject to penalties for making unsworn false statements (RSA 641:3)

Note: Persons holding a permanent disabled crossbow permit shall not use longbows, recurve bows or compound bows while hunting game species in New Hampshire.

After completing top part, bring this form to your physician.

PHYSICIAN'S SECTION

PLEASE TYPE OR PRINT CLEARLY

Name of Physician _____

Mailing Address _____ Tel. No. _____

Please describe in detail the **Permanent Physical Disability**: _____

Indicate how this **Permanent Physical Disability** prohibits the individual from using a conventional bow or compound bow:

By signing below I hereby certify that this is a Permanent Physical Disability that meets the requirements of RSA 207:10-c, as printed on the back of this form.

PHYSICIAN'S SIGNATURE _____ MD/DO _____ DATE _____
APRN _____

This application is subject to review by a medical review board at the expense of the applicant.
After completion by physician, send application and \$10.00 to: New Hampshire Fish and Game, 11 Hazen Drive, Concord, NH 03301

TITLE XVIII FISH AND GAME

CHAPTER 207 GENERAL PROVISIONS AS TO FISH AND GAME

Definitions, Inclusions, Methods of Taking, Etc.

Section 207:10-c

207:10-c Crossbows Permitted for Certain Persons With a Disability. –

I. Notwithstanding the provisions of RSA 207:10, a crossbow permit may be issued to a person who has a permanent physical disability and as a result of that disability the person cannot operate a conventional longbow or compound bow safely. Such permit shall allow that person to take any species permitted to be taken by bow and arrow pursuant to RSA 208:5, provided that the bow and arrow license under RSA 208:5 and the necessary licenses under RSA 208, RSA 209, and RSA 214 have been acquired each year. The permit applicant may be required to appear before the executive director, the director's designee or designated medical consultant or consultants to substantiate the presence of the disability and demonstrate the ability to safely use a crossbow. The applicant shall be responsible for submitting medical documentation as required by the executive director. The executive director may require a second medical opinion from a medical consultant or physician designated by the executive director to verify the disability. Any costs associated with obtaining the medical documentation, re-evaluation of the information or a second medical opinion, upon recommendation of the medical consultant or consultants, are the responsibility of the applicant. The executive director shall determine the eligibility of the applicant, and the executive director's decision shall be final.

II. The crossbow permit shall be perpetual. The executive director shall retain the records for such permits for a period not less than 7 years. Loss or destruction of the permit after 7 years shall obligate the permittee to re-establish eligibility.

III. The medical documentation requested under paragraph I shall consist of:

- (a) Signed application and statement of disability by the applicant; and
- (b) Signed medical section to be completed by the applicant's physician or advanced practice registered nurse providing applicant's medical history, physical examination findings and attesting to the disability and its permanence.

IV. The fee for taking deer shall be the same as provided in RSA 208:5, and the fee for taking bear, wild turkey, or carp shall be the appropriate fee established under RSA 214:9.

V. An administrative fee set by the executive director pursuant to RSA 206:10, I shall be charged once, upon application to the executive director for such permit.

VI. [Repealed.]

Source. 1981, 88:1. 1990, 140:2, I. 1993, 44:1. 1996, 202:2. 1999, 108:1. 2007, 52:1, eff. July 21, 2007. 2011, 7:1, eff. June 24, 2011. 2015, 186:3, eff. July 1, 2015. 2017, 17:2, eff. June 16, 2017.