



2024 Application for a Permit To Hunt From A Vehicle (PTHFV)

(Updated 01/24)

Section 1 - Must be completed by the applicant

Date of Birth _____ / _____ / _____ ALS # _____					Last 4 digits of your social security number _____	
Name First _____ MI _____ Last _____			Jr. Sr. _____	Home Phone _____		Work Phone _____
Mailing Address (Your application cannot be processed if you list only a PO Box Number) _____					Physical Address _____	
City _____			State _____	Zip Code _____	Country USA _____ Other _____	
<input type="checkbox"/> Female	Weight _____	Height _____	Eyes _____	Hair _____	Yes FWP receives requests for mailing lists. Do you want your No name included on lists provided by FWP to requestors? (see below)	
<input type="checkbox"/> Male						

MANDATORY

Hunters with Permit to Hunt from a Vehicle authorization MUST BE accompanied by another person to assist with the field dressing and/or recovery of a wounded game animal when hunting big game, MCA 87-2-803(5)-(c)

I hereby affirm I am capable of holding and firing legal firearms, without assistance from other persons. If you are awarded a PTHFV, you are required to follow Permit to Hunt From A Vehicle Guidelines.

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-6-302, 303 and 304.

X _____
SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print
(Faxed or photocopied signature not acceptable.) Date _____

Section 2 - This section must be completed by a medical provider licensed in Montana (MD, DO, DC, PA-C or APRN).

A MONTANA licensed Medical Provider (as defined above) MUST certify and check one or more of the following **PERMANENT** eligibility criteria.

Patient Name _____

Montana Fish, Wildlife & Parks requires that an applicant for the Permit To Hunt from a Vehicle meet at least one of the following criteria as a **PERMANENT LIFETIME** medical condition (check all that apply).

Non-ambulatory means permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.

Substantially Impaired Mobility means virtual inability to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances, or similar compensatory appliances or devices.

Documented Genetic Condition means a diagnosis derived from genetic testing and confirmed by a licensed physician. Licensed physician means a person who holds a degree as a **Doctor of Medicine** or **Doctor of Osteopathy** and who has a valid license to practice medicine or osteopathic medicine in this state of Montana. **If this box is checked, only an MD or DO signature will be accepted below.**

As a medical provider licensed in Montana, I hereby certify that the above-named applicant is eligible for the 'Permit To Hunt From a Vehicle' (PTHFV) due to the applicant's **PERMANENT LIFETIME** medical condition checked above.

SIGNATURE OF - MD, DO, DC, PA-C, APRN

PRINTED NAME OF — MD, DO, DC, PA-C, or APRN

MT LICENSE NUMBER OF - MD, DO, DC, PA-C, or APRN

PRINTED ADDRESS OF — MD, DO, DC, PA-C, or APRN

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for, and whether you were successful.

- This Montana certified Permit To Hunt From a Vehicle (PTHFV) must be used with a MT hunting license valid in the current license year.
- This is a lifetime certification.
- Please call 406-444-2950 if you have any questions or visit our website at fwp.mt.gov

Return completed application to:

Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701