Crossbow Permit Application Instructions

The attached application must be completed and signed by the applicant and the applicant’s physician.

**APPLICANTS PLEASE NOTE:** Successful applicants will not receive a hard copy crossbow permit; instead their disability status will show on their license and can also be seen on their customer profile in the MassFishHunt online licensing system. It will read “Disability: Crossbow”. Therefore, all applicants must have a MassFishHunt account for their application to be processed.

The crossbow status will remain valid for the lifetime of the applicant unless revoked by the director of the Division of Fisheries and Wildlife. The applicant is required to purchase the appropriate hunting/sporting licenses and stamps each year. It is also important to remember that once you purchase a hunting/sporting license, you must purchase subsequent licenses using the same customer identification number in order to maintain your crossbow status.

**PHYSICIANS PLEASE NOTE:**
The law allows individuals with a permanent disability preventing them from using traditional archery equipment to apply for a lifetime permit to hunt with a crossbow. Written certification from a physician attesting to the disability will be part of the application process.

The applicant’s disability must be a **permanent** physical disability and as a result of that permanent physical disability, the person cannot operate a conventional or compound bow. The physician must provide a narrative in terms that a lay person can understand, as to how the permanent disability directly affects the applicant’s ability to operate a 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.

**RETURN TO:**  Crossbow Permit  
MassWildlife Field Headquarters  
1 Rabbit Hill Road  
Westborough, MA 01581
Crossbow Permit Application

Applicant’s Section

Please type or print clearly. All incomplete applications will not be processed.

Name of Applicant 
Date

Mailing address 
Phone number

Street address (if different from mailing address)

City/Town 
State 
Zip

Date of Birth 
MassFishHunt Customer I.D. 
(You must have one to process application)

I attest that I have a permanent physical disability and as a result of that disability cannot operate a conventional bow or a compound bow.

Applicant’s Signature 
Date

Permittee subject to pains and penalties of perjury for making false statements.

*Successful applicants will not receive notification in the mail. Therefore you should check your profile in MassFishHunt no earlier than 10 days following the submission of your application.

Official Use Only
Date Issued:
Customer ID:
File #:

MASS WILDLIFE
### Physician’s Section

*Please type or print clearly.*

<table>
<thead>
<tr>
<th>Name of Applicant/Patient</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Physician</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Do not certify this applicant unless you are convinced this is a permanent physical disability that meets the requirements of M. G. L. c. 131 s. 69 which is included in the application material.*

I certify that this is a permanent physical disability. (Initial box) [ ]

Please describe in detail the Permanent Physical Disability: (Attach additional documents if needed)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician’s Signature

Date

This application is subject to medical review at the expense of the applicant.
CHAPTER 131. INLAND FISHERIES AND GAME AND OTHER NATURAL RESOURCES.

Chapter 131: Section 69. Bows and arrows for hunting.

Section 69. A person shall not carry or use a bow and arrow while hunting unless said bow and arrow meet such requirements as may be set by rules and regulations which the director is hereby authorized to promulgate. Such rules and regulations shall prescribe general design, weight of pull, and type of bows and arrows, and shall conform to standards generally accepted for bows and arrows used for hunting purposes. Nothing in this paragraph shall permit the use of crossbows by any person other than a person who is permanently disabled such that the person cannot operate a conventional bow and arrow, as certified by a licensed physician. Any costs associated with obtaining the medical documentation, re-evaluation of the information or a second medical opinion is the responsibility of the applicant claiming a permanent disability. The issuance of a crossbow permit under this section shall be subject to rules and regulations promulgated by the director.