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 permit. You will not receive notification through the mail of your application status. If approved, when logged into the MassFishHunt system, you will see text reading “Disabilities Crossbow” in your Customer Profile Summary and on your license. Once in the MassFishHunt system, go to “Inventory/Reprint License” to reprint your license.**

The crossbow status will remain valid for the lifetime of the applicant unless revoked by the director of the Division of Fisheries and Wildlife. Applicants are 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. Successful applicants without a current customer identification number will have to create a profile in MassFishHunt and contact the Division with your customer identification number.

**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 Rd
Westborough, MA 01581
Crossbow Permit Application

Applicant’s Section

Please type or print clearly. All incomplete applications will be returned without consideration.

___________________________________________________________________________
Name of Applicant                                      Date
___________________________________________________________________________
Mailing address                                        Phone number
___________________________________________________________________________
Street address (if different from mailing address)
___________________________________________________________________________
City/Town                                               State               Zip
___________________________________________________________________________
Date of Birth                                           Height              Weight              Hair              Eyes

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 #:
Physician’s Section

Please type or print clearly.

Name of Applicant/Patient ___________________________ Date of Birth ___________________________

Name of Physician ___________________________ Date ___________________________

Mailing address ___________________________ Phone Number ___________________________

City/Town ___________________________ State ___________________________ Zip ___________________________

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.
GENERAL LAWS OF MASSACHUSETTS

PART I.
ADMINISTRATION OF THE GOVERNMENT.

TITLE XIX
AGRICULTURE AND CONSERVATION.

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 are 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.