



State of California – Department of Fish and Wildlife  
**DISABLED MUZZLELOADER SCOPE PERMIT APPLICATION**  
 DFW 539 (REV. 07/16/21) Previously FG 539  
**NO FEE**

**PERMIT MUST BE IN IMMEDIATE POSSESSION WHILE HUNTING**  
 Valid July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_

**INSTRUCTIONS:** Complete this application and mail to: Department of Fish and Wildlife, License and Revenue Branch, PO Box 944209, Sacramento, CA 94244-2090. Allow 15 business days to process your application. Please print clearly. Incomplete or illegible applications may delay the processing of your application.

Pursuant to California Code of Regulations (CCR), Title 14, Section 353, a visually disabled hunter may use a scope of no more than one power while hunting under the conditions of a muzzleloader hunt tag. Hunter must present permit upon request to law enforcement personnel. Applicant must possess an annual hunting license valid for the current license year.

TO BE COMPLETED BY APPLICANT							
GO ID NUMBER (FROM ALDS ISSUED LICENSE)				DMV/STATE ID NUMBER		STATE	
FIRST NAME			M.I.	LAST NAME		DAY TELEPHONE	
MAILING ADDRESS				CITY		STATE	ZIP CODE
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY			DATE OF BIRTH	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT

*I certify that I have read, understand, and agree to abide by, all conditions of this permit, the applicable provisions of the FGC, and the regulations promulgated thereto. I certify that I am not currently under any Fish and Game license or permit revocation or suspension, and that there are no other legal or administrative proceedings pending that would disqualify me from obtaining this permit. I agree that if I make any false statement as to any fact required as a prerequisite to the issuance of this permit, the permit is void and will be surrendered where issued, and I understand that I may be subject to prosecution pursuant to FGC Section 1054 or to other administrative actions pursuant to the CCR, Title 14, Section 746.*

SIGNATURE <b>X</b>	DATE
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TO BE COMPLETED BY PHYSICIAN			
PHYSICIAN'S FIRST NAME		M.I.	LAST NAME
PHYSICIAN'S LICENSE NUMBER		TELEPHONE	
MAILING ADDRESS		CITY	STATE    ZIP CODE

**DESCRIPTION OF DISABILITY**

*To qualify for a Disabled Muzzleloader Scope Permit, an applicant must have a disability, as defined in the CCR, Title 14, Section 353(m). "For the purposes of this section a visual disability means a permanent loss, significant limitation, or diagnosed disease or disorder, which substantially impairs the vision of a hunter, preventing the hunter from viewing and aligning the sights of a muzzleloading rifle with the target in order to hunt deer."*

*I, the undersigned, am a licensed physician for the above named hunter and do hereby certify this hunter has a visual disability which prevents him/her from being able to focus on the target utilizing muzzleloading rifles equipped with open or "peep" sights under the conditions of a muzzleloader hunt tag. I also certify that I am licensed to practice in the state in which the applicant resides. I hereby certify under penalty of perjury and under the laws of the State of California that the foregoing information is true and correct.*

PHYSICIAN SIGNATURE <b>X</b>	DATE
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FOR DEPARTMENT USE ONLY		
APPROVED BY	DATE	TITLE/ISSUING OFFICE