



Connecticut Department of

**ENERGY &
ENVIRONMENTAL
PROTECTION**

Dear Applicant:

RE: Use of Crossbows

Effective January 1, 1993, regulation Section 22-66-1(b) was amended to allow the use of crossbows for hunting deer and turkey by persons who have a permanent physical disability to the degree that he or she cannot operate a long, recurve or compound bow. Effective August 2, 2009 a change in the regulation eliminated the requirement for an interview with the Department representatives.

Provision of these regulations:

1. Must have a permanent disability.
2. Must show proof of successful completion of Connecticut's Conservation Education/Firearms Safety Advanced Bowhunting Course or its equivalent.
3. Must submit a completed application form including certification from a licensed physician verifying the disability.
4. The crossbow permit authorization is not a replacement for a valid archery deer or turkey permit and must be carried at all times while hunting.
5. The crossbow used must meet specifications outlined in the regulation.

Procedures for applying for a permit:

1. Complete application and obtain physician's certification on the application form. Please be certain that the physician is as detailed as possible in describing your medical condition.
2. **Mail your application to DEEP Wildlife Division, 79 Elm Street, Hartford, CT 06106-5127.**
3. Once your application has been received, it will be reviewed you will be notified of the results. Please allow two weeks for processing.
4. Incomplete applications will be returned for the appropriate information.

If any questions remain, please feel free to contact the Wildlife Division at (860) 424-3011.

Rev. 8/4/2011



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Mail to: DEEP Wildlife Division
79 Elm Street
Hartford, CT 06106-5127

APPLICATION FOR USE OF A CROSSBOW FOR HUNTING

Section I – To be completed by the applicant

Under the provisions of Connecticut regulations, Section 26-66-1(b), I hereby apply for a crossbow permit for hunting as I have a permanent physical disability which makes me unable to operate a long bow, recurve bow, or compound bow.

Name Date of Birth

Street Address Phone number

City/Town State Zip Code

Connecticut Bowhunting Education Program certificate # _____ (include photocopy)

Comparable Bowhunting Education Program certificate # _____ (include photocopy)

State Date Issued

Signature of Applicant Date

Section II – To be completed by the applicant’s physician

I certify that the applicant named above has been examined by me and has a **PERMANENT** physical disability which prevents him/her from using a standard long bow, recurve bow or compound bow. The condition which **permanently prevents the use of the standard bow** is described as follows:

Name of Physician M.D. License Number State

Street Address Phone number

City/Town State

I shall be available to provide additional information in the event that the above statement is inconclusive or incomplete and shall be liable to prosecution if it is found that I knowingly falsified any information which would allow the Connecticut Department of Energy and Environmental Protection to issue this permit.

Physician’s Signature Date