



Application for Universal Disability Pass For Persons with Disabilities (Non-transferable)

INSTRUCTIONS:

1. Print or type all information.
2. Please read regulation below.
3. Return completed application to proper address listed on the reverse side.
4. Upon receipt of a properly completed, legible application and approval, your permit will be mailed to you.

NAME:

(First) (Middle Initial) (Last)

ADDRESS:

(Street) (City) (County) (State) (Zip)

DATE OF BIRTH: _____ PHONE NO.: _____

A person with a disability is any person with an impairment that substantially limits one or more life activities; has a record of such impairment; or is regarded as having such impairment.

Having reserved parking tags or a "handicapped" placard from the Motor Vehicle Administration does not constitute disability status for the purpose of this Pass. Confirmation of a permanent and qualified disability from a physician or a qualified health care provider is still required.

Important Information: The Universal Disability Pass (UDP) is a free lifetime pass that does not require renewal. Identification may be requested when the UDP is presented. The UDP allows the holder the following:

- The UDP holder that possesses a valid hunting license to hunt from a vehicle under the ADA/504 Program.
- The UDP holder free lifetime entrance to State of Maryland public lands managed by DNR. The Pass also permits one other person to accompany cardholder. Examples are operated park with entrance service charges, Wildlife Management Areas or private lands with the owner's permission.
- The UDP does not cover automated gate entrance systems, or service charges in the park such as camping fees, boat launch, rentals, bus parking, or other concessions and special charges.

Legal authorities regarding accessibility are covered in Section 504, of the Rehabilitation Act of 1973 - which covers recipients of federal financial assistance and The Americans with Disabilities Act of 1990, as amended, which covers State and Local Government responsibilities (Title II).

APPLICANT'S CERTIFICATION

I hereby certify that the statements made herein are true and correct to the best of my knowledge. I further understand that applying for an Universal Disability Pass that I have read and understood the regulation concerning disabled hunting and providing complimentary entrance to State of Maryland parks (with entrance fee), based on a qualified disability.

(Signature of Applicant)

(Date)

CERTIFICATION OF DISABILITY

For Health Care Professional's Use Only

Please state the nature of the applicant's disability with description and location.

I certify that the applicant's physical or mental condition has limits of one or more major life activities that document his/her impairment (s), which necessitate permission to hunt from a vehicle.

Is this condition Permanent **or** Temporary?

If the applicant's condition is temporary, please state for how long. _____

Physician's or qualified Health Care Provider's name

Printed Name	Signature
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Type of Doctor: Licensed Physician Licensed Chiropractor Licensed Optometrist Licensed Podiatrist Licensed Nurse Practitioner

Office Address: _____

City	County	State	Zip Code
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Telephone Number	Email Address	Medical License No.	State of Issue	Expiration Date
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For questions or concerns regarding this application contact Richard Allen at 410-260-8058 or Vivian Cabarris at 410-260-8075. Mail the completed application to the following address:

**Office of Fair Practices
580 Taylor Avenue
Tawes State Office Building, C-3
Annapolis, MD 21401**

FOR OFFICE USE ONLY

DATE APPLICATION WAS RECEIVED _____

APPLICATION IS APPROVED DENIED

DATE ISSUED _____ PASS NUMBER _____