

**Virginia Conservation Police**  
**Department of Wildlife Resources**  
**Physician's Affirmation as to a Person's Permanent**  
**Inability to Walk**

VCP- 410 ver. 2014.9

Prerequisite for permit to shoot from vehicle as allowed under § 29.1-521.3 Code of Virginia

**TO: Commonwealth of Virginia, Conservation Police / Department of Wildlife Resources**

**PHYSICIAN'S AFFIDAVIT OF PATIENT'S PHYSICAL EXAM**

Physician's Certification (To be completed by physician)

Physician's Name (please print):

Street or R.F.D. Address:

City:

State:

Zip Code:

Briefly describe applicant's disability(s): (use additional sheets if necessary)

Physician's Statement: It is my professional opinion that

(Name of Patient/Applicant)

(Patient/Applicant Address)

Patient's Contact Phone Number

Patient's Date of Birth

is permanently unable to walk due to impaired mobility (Impaired mobility has been defined as a permanent inability to walk due to impaired mobility without the use of or assistance from a brace, crutch, prosthetic device, or wheelchair.) By signing this statement, I certify that the information provided in the physician's statement is true and correct and that I am currently a licensed physician in

(State)

My professional opinion is based upon a physical examination of

(Name of Patient/Applicant)

which I conducted on the

day of

, 20

**X**

\_\_\_\_\_  
(Signature of Examining Physician)

\_\_\_\_\_  
(Date)

**Important Notice to Certifying Physician**

The permit for which this certification is required is legal only for those persons who are PERMANENTLY unable to walk due to impaired mobility. It is not for issuance to those individuals with temporary disabilities or with conditions that limit stamina or physical endurance. Physician having any questions regarding this form may contact (804) 367-6913.

**P.O. BOX 3337, Henrico, VA 23228**  
**(804) 367-6913 Email: [collectionpermits@dwr.virginia.gov](mailto:collectionpermits@dwr.virginia.gov)**