



MISSOURI DEPARTMENT OF CONSERVATION
**Hunter Education Exemption
Physician's Statement of Eligibility**

SECTION A: REQUIREMENTS

- The applicant must have taken the required Hunter Education Course but is not required to take the final test due to a developmental disability.
- The applicant or qualified guardian must fill out Section B and sign.
- A physician who is qualified to diagnose and treat the applicant for a developmental disability must fill out, sign and date Section C.
- Mail the form to: Protection Division, MDC, PO Box 180, Jefferson City, MO 65102-0180

SECTION B: FILLED OUT BY APPLICANT OR QUALIFIED GUARDIAN

Applicant's Name (please print legibly Last, First, MI) _____ Social Security # _____ Date of Birth _____ Sex _____

Applicant's Mailing Address _____ City/Town _____ State _____ County _____ Zip _____

Daytime Phone () _____ Signature: _____ Date _____

SECTION C: MUST BE FILLED OUT AND SIGNED BY A QUALIFIED PHYSICIAN

____ Applicant has a developmental disability described below as defined in section 630.005 RSMo.

Disability: _____

PRINTED Physician's Name (Last, First, MI) _____ License Number _____ State of License _____

Medical Facility _____ Street Address _____

City/Town _____ State _____ Zip _____ () _____ Phone _____ () _____ Fax _____

Physician Signature _____ Date _____

FOR OFFICE USE ONLY

____ HEE Approved _____
Protection Field Chief _____ Date _____