



# Physician's Affidavit of Physical Disability for Proxy Fishing and Hunting

Alaska Statute **AS 16.05.940 (26)** states: "person with physical disabilities" means a person who presents to the department either written proof that the person receives **at least 70 percent disability** compensation from a government agency for a **physical disability** or an affidavit signed by a physician licensed to practice medicine in the state stating that the person is **at least 70 percent physically disabled**.

## PATIENT: PLEASE COMPLETE THE FOLLOWING:

Patient's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_  
(if different from mailing address)

By signing below, I am verifying the above information is correct.\*

**X** Patient's Signature \_\_\_\_\_

**Note:** If your physician indicates below that your physical disability is permanent, you may use this affidavit each year to obtain a proxy. However, **you must bring this affidavit with you each time you apply for a proxy**. Always keep a copy of this form in a safe place. If you lose this affidavit, you will have to request a copy from your physician in order to obtain a proxy.

## PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

By signing below, I affirm that I am a physician, licensed to practice medicine in the state of Alaska, and that the patient listed above is **at least 70 percent physically disabled**.\*

Is this patient's **physical** disability permanent?    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Print)

\_\_\_\_\_  
Physician's Alaska License #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\*Providing false information on any portion of this affidavit is subject to a maximum penalty of \$10,000, or one year imprisonment, or both, per AS 16.05.420 and AS 11.56.210