



**PHYSICIAN STATEMENT:**

Does the patient's permanent physical disability materially limit his/her ability to engage in gainful employment? Y / N  
Circle One

I certify that the applicant named above meets the conditions of a person with a severe disability person as defined above.

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

\_\_\_\_\_  
Printed Name and Address of Physician

OTHER REASONABLE PROOF (attach copy of proof, such as SSN benefits letter)

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

\*NRS 41.472

- 1. If a parent, guardian or other person legally responsible for a minor under the age of 18 years:
  - (a) Knows that the minor has previously been adjudicated delinquent or has been convicted of a criminal offense;
  - (b) Knows that the minor has a propensity to commit violent acts; or
  - (c) Knows or has reason to know that the minor intends to use the firearm for unlawful purposes,

and permits the minor to use or possess a firearm, any negligence or willful misconduct of the minor in connection with such use or possession is imputed to the person who permits such use or possession for all purposes of civil damages, and, notwithstanding the provisions of subsection 2 of NRS 41.470\*\*, that person is jointly and severally liable with the minor for any and all damages caused by such negligence or willful misconduct.

\*\*NRS 41.470 states the joint and several liability of one or both parents or guardian having custody or control of a minor under this section shall not exceed \$10,000 for any such act of willful misconduct of the minor.

\*\*\*\*\*

(DEPARTMENT Use)

APPROVED \_\_\_\_\_  
Date Signature

DISAPPROVED \_\_\_\_\_  
Date Signature

(Submit the original application and any supporting documentation to NDOW Headquarters for retention.)