

Information Regarding Eligibility

This form allows a hunter to apply for a waiver of hunter reporting penalty based on illness or injury, or when a hunter who was hunting with an outfitter submitted their report but the outfitter didn't provide the completed report to the Ministry.

An application for a waiver based on **injury or illness will only be considered when it incapacitated the hunter (applicant) and prevented them from reporting**. The ministry defines incapacitated for the purposes of this policy as an illness or injury that was affecting the hunter at least the final 24 hours prior to the reporting deadline that would prevent the hunter from submitting their hunter report by telephone or online. Examples of illnesses or injuries that may apply include an illness or injury that required hospitalization for the 24 hours prior to the deadline such as a heart attack, stroke, or condition resulting in a coma. Illnesses or injuries that **will not** be sufficient to grant a waiver include (but are not limited to) a planned outpatient surgical procedure, broken bone(s) not resulting in hospitalization, flu, or SARS-CoV-2 not resulting in hospitalization.

Hunters will not be eligible for a waiver of hunter reporting penalty when the penalty resulted from a late or incomplete report. A hunter will generally not be granted a waiver for consecutive reporting violations for the same species. This does not necessarily mean in consecutive years.

Instructions for Completing the Form

All information must be legible and complete or the waiver request will be denied. Sections 1, 2 & 4 are mandatory. Section 3 must be completed only if you hunted with a tourist outfitter who failed to submit your completed hunter report to the Ministry of Natural Resources (MNR). Section 5 must be completed and signed by a physician if your application is due to an illness or injury that incapacitated you at the date of the report deadline.

Submit Completed Form by:

- Email to: MNRFLicensing@ontario.ca

or

- Mail to: Ministry of Natural Resources
Licensing and Client Services Section
Attention: Hunter Reporting
300 Water St., 5 North
Peterborough ON K9J 3C7

Notice of Collection of Personal Information

Personal information contained on this form is collected under the authority of the *Fish and Wildlife Conservation Act, 1997, SO 1997* and will be used for the purposes of licensing, identification, enforcement, resource management and customer service surveys. While some of the personal information may be stored outside Canada and is subject to the laws of the jurisdiction where it is stored, private companies under contract to provide the licensing services are contractually obligated to comply with Ontario's *Freedom of Information and Protection of Privacy Act* with regard to personal information in their custody. For information about collection practices contact: Manager, Licensing and Client Services Section, Fish and Wildlife Services Branch, Ontario Ministry of Natural Resources, 300 Water Street, Peterborough ON K9J 8M5. 1-800-387-701-7011.

Fields marked with an asterisk (*) are mandatory.

Section 1 – Hunter Information

Hunter Name		
Last Name *	First Name *	Middle Initial
Outdoors Card Number * 708158		Date of Birth (yyyy/mm/dd) *
Telephone Number * ext.	Mobile Number	Email Address

Mailing Address			
Unit Number	Street Number *	Street Name *	PO Box
City/Town/Municipality *		Province/State *	Postal/Zip Code *

Section 2 – Requesting Waiver Information

Report Year * _____

Requesting Waiver For (reporting requirement): *

<input type="checkbox"/> Spring Wild Turkey Hunter Report	<input type="checkbox"/> Fall Wild Turkey Hunter Report
<input type="checkbox"/> Elk Tag Holder Report	<input type="checkbox"/> Deer Hunter Report
<input type="checkbox"/> Resident Black Bear Hunter Report	<input type="checkbox"/> Spring Non-Resident Black Bear Hunter Report
<input type="checkbox"/> Fall Non-Resident Black Bear Hunter Report	<input type="checkbox"/> Moose Hunter Report
<input type="checkbox"/> Resident Moose Tag Holder Hunter Report for Tourist Outfitter	<input type="checkbox"/> Non-Resident Moose Hunter Report for Tourist Outfitter
<input type="checkbox"/> Wolf/Coyote Tag Holder Report	

Reason for Waiver Request

Select **one** and fill out **either** Section 3 or Section 5 as required. *

<input type="checkbox"/> Illness or Injury – Physician must complete Section 5 (applicants are responsible for any costs)
<input type="checkbox"/> Outfitter Failure to Submit Completed Hunter Report – Applicant must complete Section 3

Section 3 – Outfitter Hunter Attestation

Attestation to be completed only by hunters seeking a waiver because an outfitter did not provide their completed report to MNR.

☐ I attest that I submitted my completed hunter report as required to the outfitter I was hunting with. *

Outfitter Name *	
Dates hunted with the Outfitter *	Wildlife Management Unit you hunted in *

Section 4 – Signature

Making a false statement in this form may result in a refusal of hunting licence(s) in the future.

<input type="checkbox"/> I, the undersigned, declare that the above information is true and correct, and I am aware that this declaration is binding. *	
Signature of Applicant *	Date (yyyy/mm/dd) *

Section 5 – Physician Information

To be completed by physician only where a hunter is seeking a waiver because of an illness or injury.

MNR recognizes there may be medical conditions that prevent a hunter from completing the required hunter report(s) by regulated deadline(s). Complete the following only if the applicant experienced an illness or injury that incapacitated them in such a way that it would prevent them from submitting a brief hunter report by telephone, smart phone, or computer. Conditions for which a penalty waiver will be granted include heart attack, stroke or other conditions resulting in the applicant being hospitalized or otherwise unable to submit a hunter report through the channels noted above. Waivers will not be granted for conditions such as a cold, flu or SARS-CoV-2 not causing hospitalization. You are not required to know hunter reporting deadlines, only to provide information on the illness or injury and dates when the hunter was affected.

(Name of Patient)

was unable to complete the required hunter report due to

(significant injury or illness, or condition resulting in hospitalization)

which incapacitated the applicant from

(Start Date - yyyy/mm/dd)

to

(End Date - yyyy/mm/dd)

preventing the applicant

from reporting deadline.

☐ I, the undersigned, declare that the above information is true and correct, and I am aware that this declaration is binding. *

Signature of Physician *

Date (yyyy/mm/dd) *

Physician Name

Last Name *

First Name *

Middle Initial

Telephone Number *
ext.

Mobile Number

Email Address

Registry Number *

Mailing Address

Unit Number

Street Number *

Street Name *

PO Box

City/Town/Municipality *

Province/State *

Postal/Zip Code *