



NBHA Handicapped Application

www.nbhadog.org
www.nbhafuturity.com

- Applicants Name: _____
- Address: _____
- Home Phone _____
- Email Address: _____
- Prescribing Doctor: _____
State Doctor Located In: _____ Please print legibly.
- Is Applicant Current NBHA Member:
* Required Fields
* Applicants Signature _____

With my signature (applicant above) I do understand all the rules associated with this special consideration and will abide by the rules set forth for this status. Furthermore this is for a true disability and not for a convenience of not having to walk in the trials I participate in. Doctors' prescribed exemption will be required with each application. No Exceptions - **Note: Copy of Doctor's statement must be attached.**

Applicant is responsible for understanding all the rules that are associated with this exemption.

Upon approval, you will be notified by **NBHA s'** President, if your request has been granted. A wallet certificate card will be issued for proof. It is the applicants' responsibility to resubmit this annually for the following years' consideration along with another current Doctor's exemption.

In no way can the **NBHA** or its' **Officers** can be held liable for the acceptance or rejection of application. Furthermore information that will be made available to the public will only be that this application was granted or applicant has not been granted a handicapped status permit.

Reason for handicapped status request:

Questions or comments:

Accepted.....Declined.....

Signed by: _____

Chuck Davis -- President NBHA
Ken Sauer - Secretary/Treasurer NBHA