

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR DEVELOPMENTAL DISABILITY AND SAFE DESIGNATION

Please submit this form to your local tax collector office or driver license service center

<http://www.flhsmv.gov/offices/>

Pursuant to Sections 322.14(1)(f)(1) and 322.051(8)(e)(1), Florida Statutes upon request by a person who has a developmental disability, or by a parent or legal guardian of a child or ward who has a developmental disability, the capital letter “D” shall be exhibited on the driver license or identification card of a person who has a developmental disability as defined in Section 393.063, Florida Statute. This designation added to the driver license or identification card will alert law enforcement and emergency services personnel of that person’s disability.

Pursuant to Section 320.02(15), Florida Statutes, the application for motor vehicle registration must include allowing an applicant to voluntarily indicate that the applicant has been diagnosed with, or is the parent or legal guardian of a child or ward who has been diagnosed with, developmental disabilities, mental illnesses or special needs so a SAFE designation can be added to the motor vehicle registration. This designation will be used so that communication awareness can be established when interacting with law enforcement or first responders in an emergency or crisis situation to receive immediate and appropriate assistance.

SECTION 1: APPLICANT INFORMATION

| | | | |
|---|------------|---------------------------------------|---------------|
| Last Name | First Name | Middle Initial | Date of Birth |
| Mailing Address | | City | Zip |
| Residential Address | | City | Zip |
| Signature of Applicant, Parent, or Legal Guardian | | Applicant DL/ID Number, if applicable | Date |

SECTION 2: ADDING OR REMOVING SAFE DESIGNATION TO MOTOR VEHICLE REGISTRATIONS

Select below to add or remove a SAFE designation for the corresponding motor vehicle registration:

| | | | | |
|---|----------------------|-------------------------------|------|------|
| <input type="checkbox"/> Add SAFE designation <input type="checkbox"/> Remove SAFE designation | License Plate Number | Vehicle Identification Number | Year | Make |
| <input type="checkbox"/> Add SAFE designation <input type="checkbox"/> Remove SAFE designation | License Plate Number | Vehicle Identification Number | Year | Make |
| <input type="checkbox"/> Add SAFE designation <input type="checkbox"/> Remove SAFE designation | License Plate Number | Vehicle Identification Number | Year | Make |

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SECTION 3: PHYSICIAN STATEMENT OF CERTIFICATION

| | | | |
|--|---|-------|-----|
| Print Name of Physician | Physician Certificate/License Number as licensed under Chapter 458 or 459 | | |
| Business Address | City | State | Zip |
| <p>Print Applicant Name: _____ is applying for a disability designation on their</p> <p>DL <input type="checkbox"/> ID <input type="checkbox"/> (<i>Indicate whether this is for a driver license or identification card</i>)</p> <p>In my professional opinion, this individual has been diagnosed as having a disability as defined in section 393.063, Florida Statutes.</p> <p>And/or:</p> <p>Print Applicant Name: _____ is applying for a SAFE designation on a motor vehicle registration.</p> <p>In my professional opinion, this individual is diagnosed as having one or more of the following disabilities or disorders: Autism; Attention Deficit Hyperactivity Disorder; Down Syndrome; Alzheimer's Disease; Traumatic Brain Injury; Posttraumatic Stress Disorder; Diabetes; Autoimmune Disorder; Deafness; Blindness; Any other mentally or physically limiting disorder.</p> | | | |
| Signature of Physician | Contact Number | Date | |

INSTRUCTIONS:

Section 1 must be completed and signed by the applicant, or the parent or legal guardian of the applicant, requesting the developmental disability designation on a driver license or identification card and/or the owner or co-owner of a motor vehicle registration(s) requesting a SAFE designation who has been diagnosed with, or is the parent or legal guardian of a child or ward who has been diagnosed with one or more of the disabilities or disorders listed in Section 320.02(15), Florida Statutes.

Section 2 must be completed to add or remove a SAFE designation to a motor vehicle registration. Removing a SAFE designation does not require Section 3 to be completed.

Section 3 must be completed by a physician listed under Chapter 458 or 459, Florida Statutes, attesting that the applicant requesting the developmental disability designation on a driver license or identification card is diagnosed with a disability listed in Section 393.063, Florida Statutes and/or the applicant requesting a SAFE designation on a motor vehicle registration(s) has been diagnosed with one or more disabilities or disorders listed in Section 320.02(15), Florida Statutes.