Florida Department of Highway Safety and Motor Vehicles

Application for Developmental Disability Designation

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

https://www.flhsmv.gov/locations/

| Applicant Information | | | | | |
|---|------------|--|---|---------------|--|
| Last Name | First Name | e | Middle Initial | Date of Birth | |
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| Mailing Address | | City | | Zip | |
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| | | | | Zip | |
| Residential Address | | City | City | | |
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| Cianature of Applicant Devent and again Cuandian | | Amalia ant DL/ID Nivesha | Applicant DL //D Niveshan if applicable | | |
| Signature of Applicant, Parent, or Legal Guardian | | Applicant DL/ID Numbe | Applicant DL/ID Number, if applicable | | |
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| Physician Statement of Certification | | | | | |
| Print Name of Physician | | Physician Certificate/Lic | Physician Certificate/License Number | | |
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| Business Address | | City | State | Zip | |
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| (Print Applicant Name) is applying for a disability designation on their | | | | | |
| DI | | | | | |
| DL \square ID \square (Indicate whether this is for a driver license or identification card) | | | | | |
| In my professional opinion, this individual has been diagnosed as having a disability as defined in section | | | | | |
| 393.063, Florida Statutes. | | | | | |
| 000.000, i lolida Otatutes. | | | | | |
| Signature of Physician | | Contact Number | | Date | |
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