Division of Motorist Services 2900 Apalachee Parkway Tallahassee, Florida 32399 www.flhsmv.gov



Terry L. Rhodes Executive Director Robert Kynoch Division Director

Application for Identification Card with Developmental Disability Designation

Section 322.051, Florida Statute

Applicant Information			
Last	First	MI	Date of Birth
			_
Mailing Address:	City		ZIP
Residential Address:	City		ZIP
Signature of Applicant or Legal Guardian			Date
Physician's Statement of Certification			
Print Name of Certifying Authority	Physician's Certificate/License Number		
Business Address	City	State	ZIP
In my professional opinion,(Print Applicant's Name) has been diagnosed as having a developmental disability as defined in §393.063 of the Florida Statute.			
Signature of Certifying Authority	Contact Number		Date