



**Physician's Certification of
Total and Permanent Disability**

Identification Number
(for appraisers use only)

Physician's Name (Please Print)

a physician licensed pursuant to Chapter 458 or Chapter 459, Florida Statutes, hereby
certify Mr., Mrs., Miss, Ms., _____
(Circle one) Patient's Name (Please Print)

Social Security Number _____, is totally and permanently disabled as of

(Social Security Number required under s. 196.101, Florida Statutes.)

January 1, _____, due to the following mental or physical condition(s):

- Quadriplegia Paraplegia Hemiplegia Legal Blindness
- Other total and permanent disability requiring use of a wheelchair for mobility
- Please check here if patient is totally or permanently disabled but does not require a wheelchair for mobility.

It is my professional belief that the above-named condition(s) render this individual totally and permanently disabled and that the foregoing statements are true, correct, and complete to the best of my knowledge and professional belief.

Signature _____ Date _____

Address _____
Street City State ZIP

Florida Board of Medical Examiners License No. _____

Date License Issued _____

Notice to Taxpayer: Each Florida resident applying for a total and permanent disability exemption must present to the county property appraiser, on or before March 1 of each year, a copy of this form or a letter from the United States Department of Veteran Affairs or its predecessor. Each form is to be completed by a licensed Florida physician.

Notice to Taxpayer and Physician: Section 196.131(2), Florida Statutes, provides that any person who shall knowingly and willfully give false information for the purpose of claiming homestead exemption shall be guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year, or a fine not exceeding \$5,000, or both.

NOTE: Disclosure of your social security number is mandatory. It is required by sections 196.011(1) and 196.101(5), Florida Statutes. The social security number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.



Optometrist's Certification of Total and Permanent Disability

DR-416B
R. 02/08

Identification Number
(for appraisers use only)

I, _____, a licensed optometrist pursuant to Chapter 463, Florida Statutes, certify

Mr., Mrs., Miss, Ms., _____
(circle one) Patient's Name (Please Print)

Social Security Number: _____ is totally and permanently disabled as of
(social security number required under s. 196.101, Florida Statutes)

January 1, _____ due to legal blindness.

It is my professional belief the above-named condition renders Mr., Mrs., Miss, Ms. _____
totally and permanently disabled and the foregoing statements are true, correct, and complete to the best of
my knowledge and professional belief.

Signature _____ Date _____

Address _____
(Please Print) Street City State ZIP

Florida Board of Optometry License Number: _____

Date License Issued _____

NOTICE TO TAXPAYER: Each Florida resident applying for a total and permanent disability exemption must present to the county property appraiser, on or before March 1, of each year, a copy of this form or a letter from the United States Department of Veterans Affairs or its predecessor. Each form is to be completed by a licensed Florida Optometrist.

NOTICE TO TAXPAYER AND OPTOMETRIST: Section 196.131(2), Florida Statutes, provides that any person who shall knowingly and willfully give false information for the purpose of claiming homestead exemption commits a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year, or a fine not exceeding \$5,000. or both.

NOTE: Disclosure of your social security number is mandatory. It is required by sections 196.011 (1) and 196.101(6), Florida Statutes. The social security number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.