

|   | Identification Number   |
|---|---|
|   | (for appraisers use only)   |
|   |   |
|   |   |
|   | Physician's Name (Please Print)   |
| a physician licensed pursuant to Cha certify Mr., Mrs., Miss, Ms.,                  | pter 458 or Chapter 459, Florida Statutes, hereby                         |
| (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 January 1,, due to the f | a Statutes.) 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 totall  | y 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                                      | Da   | ate   |     |
|--|------|-------|-----|
| Address<br>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:** Discosure 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 indentity information and homestead exemption information submitted to property appraisers.