



PHYSICIAN'S CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

DR-416 R. 11/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

I, _____, a physician licensed pursuant to Chapter 458 or Chapter 459, Florida Statutes, hereby certify that _____ Social Security Number* _____-____-_____, is totally and permanently disabled as of January 1, _____ due to the following mental or physical condition(s):

- Quadruplegia Paraplegia Hemiplegia Legal blindness Other total and permanent disability requiring use of a wheelchair for mobility

Check here if patient is totally or permanently disabled but does not require a wheelchair for mobility.

It is my professional belief the above condition(s) render _____ 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: (print)

Street City State Zip

Florida Board of Florida Board of Medicine or Osteopathic Medicine license number _____

Issued on _____

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 physician.

NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.131(2), Florida Statutes, provides that any person who knowingly and willfully gives 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.

*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.