



Application for Placement of Medical/Disability Information on License/Permit/Identification Card

SECTION I – APPLICANT INFORMATION

Applicant’s Full Name Date of Birth

Address

City State Zip Code

Signature of Applicant

Date

SECTION II – DISABILITY SYMBOL AND SEATING/TRANSPORTATION INDICATORS

- 1. Does the above-named individual have a permanent disability as defined by OCGA §40-5-170(1)?
2. Please indicate if a Transportation and/or Seating indicator is needed on the DDS document...

SECTION III – MEDICAL CONDITIONS

- 1. Please select up to a maximum of seven (7) of the conditions listed below which apply to the customer (this information will be placed on the back of the document issued by DDS at the request of the customer).
PTSD, Vision Loss, Hearing Loss, Seizures, Diabetes, Heart Condition, Dementia, Hemophilia, Drug Allergy, Pacemaker, Autism, Developmental Disability, Physical Disability, Lung Disease, Renal Condition, Brain Injury

SECTION IV – Must be completed by a Licensed Medical Doctor if any items selected in Section II or III are requested because of a permanent disability or medical condition that is not obvious.

Printed Name of Medical Doctor Doctor’s Medical License Number

Address

City State Zip Code

Signature of Licensed Medical Doctor

Date

SEE REVERSE SIDE FOR INSTRUCTIONS AND DEFINITIONS

INSTRUCTIONS

This application is used to document the need to have a disability symbol and seating/transportation indicators placed on documents issued by the Georgia Department of Driver Services to a customer who has a permanent disability (expected to last at least four years). This application is also used to document the need to have urgent medical information placed on the back of documents.

- ❖ Eligibility for placement of the information listed above must be confirmed by a medical doctor in Section IV unless the permanent disability is obvious.
- ❖ If the disability or medical condition is obvious, verification from a medical doctor in Section IV is not required.
- ❖ Medical conditions may be abbreviated on actual documents.
- ❖ If Seating and/or Transportation indicators are placed on the front of the documents, the documents must also include the disability symbol on the front of the documents.
- ❖ A customer can have medical conditions placed on the back of documents even if the answer to question #1 in Section 2 is 'No'.
- ❖ In all circumstances, the customer will decide what information should be placed on the document.

The process for completion of the form is as follows:

1. Section I must be completed by the customer.
2. Section II may be completed by the customer or a medical doctor.
3. Section III may be completed by the customer or a medical doctor.
4. If any item selected in Section II or Section III is requested because of a permanent disability or medical condition that is not obvious, a medical doctor must complete Section IV. The customer provides the form to the medical doctor.
5. If needed, the medical doctor completes Section IV of the form and returns the completed form to the customer.
6. The customer presents the form at a DDS office when applying for a document.

DEFINITIONS

Document – A license, permit, or identification card issued by Georgia DDS.

Permanent Disability - Any physical, mental, or neurological impairment which is expected to have a duration of at least four (4) years and which severely restricts a person's mobility, manual dexterity, or ability to climb stairs; substantial loss of sight or hearing; loss of one or more limbs or use thereof; or significantly diminished reasoning capacity. O.C.G.A. §40-5-170.

PTSD – Post-Traumatic Stress Disorder

Seating Indicator – A box on the front of the document that is marked with an “X”, followed by the word ‘Seating’. The Seating Indicator is available for customers who have a need for disability seating accommodations.

Transportation Indicator – A box on the front of the document that is marked with an “X”, followed by the word ‘Transportation’. The Transportation Indicator is available for customers who have a need for disability accommodations when utilizing public or commercial transportation.

FOR DEPARTMENTAL USE ONLY

Examiner Observations/Notations: