

PHYSICIAN'S CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

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

Folio Number

I,	_, a physician lic	ensed pursuant t	o Chapter 458 or	Chapter 459
Physician's name Florida Statutes, hereby certify that Social Security Number* due to the following mental or physical c	, is totally and	Name of total	ly and permanently d sabled as of Janua	isabled persor ary 1,
☐ Quadriplegia ☐ Parapl	egia 🔲 I	Hemiplegia	Legal blindr	iess
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 cor tota are true, correct, and complete to the be	ally and permane	ently disabled and ge and professi	d the foregoing st	
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.