

PHYSICIAN'S CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

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

,, a physician licensed pursuant to Chapter 458 or Chapter 459 Physician's name			
Physician's name Florida Statutes, hereby certify that Mr. Mr. M Social Security Number*, is total due to the following mental or physical condition(Irs. Miss Ms. Name of totally and permanently disal	and permanently	disabled person
☐ Quadriplegia ☐ Paraplegia	☐ Hemiplegia [Legal blind	dness
Other total and permanent disability requi	iring use of a wheelchair fo	or mobility	
☐ Check here if patient is totally or permanently	disabled but does not requ	ire a wheelcha	air for mobility.
It is my professional belief the above condition(s) totally and pare true, correct, and complete to the best of my	permanently disabled and	the foregoing	
Signature	Da	te	-
Address: (print)			
Street	City	State	Zip
Florida Board of Florida Board of Medicine or Osteopathic N	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.