



**Application for Identification Card with Developmental Disability
 Designation**
 Section 322.051, Florida Statute

Applicant Information			
Last	First	MI	Date of Birth
Mailing Address:	City		ZIP
Residential Address:	City		ZIP
_____ Signature of Applicant or Legal Guardian		_____ Date	
Physician's Statement of Certification			
Print Name of Certifying Authority		Physician's Certificate/License Number	
Business Address	City	State	ZIP
In my professional opinion, _____ (Print Applicant's Name) has been diagnosed as having a developmental disability as defined in §393.063 of the Florida Statute.			
_____ Signature of Certifying Authority		_____ Contact Number	_____ Date