

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 na Florida Statutes, hereby co Social Security Number* _ due to the following menta	ertify that Mr M , is tot	Name of to ally and permanently o	tally and permanently disabled as of Jar	
Quadriplegia	☐ Paraplegia	☐ Hemiplegia	Legal blin	dness
Other total and per	manent disability requ	iring use of a wheelch	air for mobility	
☐ Check here if patient is	totally or permanently	disabled but does not	equire a wheelch	air for mobility
It is my professional belief are true, correct, and comp	totally and p	permanently disabled	and the foregoing	Ms. statements
Signature			Date	_
Address: (print)				
Street		City	State	Zip
Florida Board of Medicine or Osi	eopathic 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.