

LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
OFFICE OF MOTOR VEHICLES
P. O. BOX 64886 • BATON ROUGE, LA 70896-4886
MEDICAL EXAMINER'S CERTIFICATION OF NEEDS ACCOMMODATION
DPSMV2014 (R0319)

NOTE TO APPLICANT: This form is to be completed by a qualified medical professional licensed in Louisiana or another state or territory of the United States.

1. TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME _____ DOB _____ RACE/SEX _____
ADDRESS _____ CITY _____
DRIVER'S LICENSE NUMBER _____ and/or ID NUMBER _____

2. TO BE COMPLETED BY THE PHYSICIAN

I CERTIFY THAT _____ MEETS THE REQUIREMENTS FOR NEEDS ACCOMMODATION DESIGNATION. THE MEDICAL INFORMATION PROVIDED BELOW ESTABLISHES THE MENTAL, PHYSICAL OR DEVELOPMENTAL DISABILITY REQUIRED TO OBTAIN THE DESIGNATION IN ACCORDANCE WITH R.S. 32:412O(1); R.S. 40:1321R(1).

DISABILITY:

____ PHYSICAL _____

____ MENTAL _____

____ DEVELOPMENTAL _____

Physician's Signature Date

PA/APN Signature Date

(PLEASE PRINT OR TYPE BELOW)

Physician's Name	Telephone#
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Address _____

3. TO BE COMPLETED BY THE OFFICE OF MOTOR VEHICLES

Applicant's Name	Date	
MVCA's initials	Badge #	Office #