



PHYSICIAN'S CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

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

I, _____, a physician licensed pursuant to Chapter 458 or Chapter 459,

Physician's name

Florida Statutes, hereby certify that Mr. Mrs. Miss Ms. _____
Name of totally and permanently disabled person

Social Security Number* ____-____-_____, is totally and permanently disabled as of January 1, ____ due to the following mental or physical condition(s):

Quadriplegia Paraplegia Hemiplegia Legal blindness

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 condition(s) render Mr. Mrs. Miss Ms. _____ totally and permanently disabled and the foregoing statements are true, correct, and complete to the best of my knowledge and professional belief.

Signature

Date

Address: (print)

Street

City

State

Zip

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.



Mike Wells

Property Appraiser

Proudly Serving Pasco County, Florida

INSTRUCTIONS FOR DR-416

The following information must be presented to the Property Appraiser's office at the time of application.

- **\$5000 Non-Service Connected Disability Exemption:**

If totally and permanently disabled, a DR-416 form is to be completed by one licensed Florida physician.

In lieu of a DR-416 form, a certification from the United States Department of Veterans Affairs or Social Security Administration, reflecting the total and permanent disability, may be accepted.