

STATE OF FLORIDA  
**MOBILITY-IMPAIRED ELIGIBILITY CERTIFICATION APPLICATION**  
**FLORIDA PHYSICIAN'S CERTIFICATION**

\_\_\_\_\_  
(Print Applicant's Name) (Social Security #) \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip) \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional fishing or hunting licenses or permits to an individual in accordance with s. 372.561 F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.

I do hereby swear or affirm that the above information is true and correct and that I understand and meet the requirements for the issuance of this certificate.

\_\_\_\_\_  
(Applicant Signature) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Date)

**FLORIDA PHYSICIAN'S CERTIFICATION**

This is to certify that \_\_\_\_\_ is, in my professional opinion, **MOBILITY-IMPAIRED**; because he/she meets one or more of the criteria I have checked below.

If the patient is disabled, but **does not** meet any of the specific criteria, please do **not** sign this document.

Please check all that apply:

- (A) paraplegic
- (B) hemiplegic
- (C) quadriplegic
- (D) permanently dependent upon a wheelchair for ambulation
- (E) permanently required to use assisting aids to walk
- (F) permanently required to use a braces or prosthesis on both legs
- (G) complete single-leg amputation

I do hereby swear and confirm that this above information is true and correct.

\_\_\_\_\_  
Print Physician's Name (Date) \_\_\_\_\_

\_\_\_\_\_  
Physician's Address (City, State, Zip) \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature  
(\_\_\_\_) \_\_\_\_\_  
Physician's Telephone No.

Physician's License No: \_\_\_\_\_  
(Must begin with "ME", "RS", "LL", "OS", or "CH")

**FOR COMMISSION USE ONLY: CERTIFICATE NUMBER**

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Return to: Florida Fish and Wildlife Conservation Commission  
2590 Executive Center Circle Suite 200  
Tallahassee, FL 32301