

Florida Fish and Wildlife Conservation Commission
Physician Certification of Disability
For purpose of exemption to income requirement for
restricted species endorsement



Physician Certification of Total and Permanent Disability

This is to certify that _____, born on
____/____/_____, in my professional opinion, has an impairment of mind or
body which is sufficient to render it impossible for the average person to follow a
substantially gainful occupation and that the impairment is reasonably certain to
continue throughout the life of the person with a disability.

Patient's Social Security Number*

Print Physician's Name

Physician's Street Address

Physician's License Number
(Must begin with 'ME', 'RS', 'LL', 'OS', 'PA' or 'CH')

Physician's City, State, Zip

Physician's Telephone Number (with area code)

Physician's Signature

Date

This certification is valid for one year from the date of certifying signature.

*The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional wildlife, fishing or hunting licenses or permits to an individual in accordance with s. 379.352 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.