



OPTOMETRIST'S CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

DR-416B N. 9/09 Florida Administrative Code Rule 12D-16.002

Identification Number (for appraiser's use only)

I, [Name], an optometrist licensed pursuant to

Chapter 463, Florida Statutes, certify that

Mr. Mrs. Miss Ms. (check one)

[Name] name of totally and permanently disabled person

Social Security Number* [Number], is totally and permanently disabled as of January 1, [Date], due to legal blindness.

It is my professional belief the above-named condition renders this individual totally and permanently disabled and the foregoing statements are true, correct, and complete to the best of my knowledge and professional belief.

Signature [Signature]

Date [Date]

Address [Street] [City] [State] [Zip]

Florida Board of Optometry License Number [Number]

Date license Issued [Date]

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 Optometrist.

NOTICE TO TAXPAYER AND OPTOMETRIST: 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(7), Florida Statutes. The social security number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.