FLORIDA DEPARTMENT OF REVENUE

OPTOMETRIST'S CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

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

I, _____, an optometrist licensed pursuant to Chapter 463,
Optometrist'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 legal blindness.

It is my professional belief the above-named condition renders ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. _____ totally and permanently disabled and the foregoing
Name of totally and permanently disabled person
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 Optometry 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 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.