

Certification of a Communication Impediment

Instructions

To authorize the addition of a communication impediment notation to a motor vehicle record submit this completed certification to your local county tax assessor-collector's office or to **one** of the following:

Mail: Texas Department of Motor Vehicles
Vehicle Titles and Registration Division
P.O. Box 26417
Austin, TX 78755-0417

Fax: (512) 465-4126

Email: VDM_Mailbox@txdmv.gov

This notation will inform law enforcement that the vehicle operator or passenger may have a health condition or disability that may impede effective communication with a peace officer. Certifications will be confidentially shredded, once received and processed, by the department. If submitted to your local county tax assessor-collector's office, in person, this form will be returned to the applicant upon verification.

Vehicle Information

| | | | |
|-------------------------------|------------------|------|------|
| Vehicle Identification Number | Current TX Plate | Year | Make |
|-------------------------------|------------------|------|------|

Applicant Information

| | | | |
|---------------------------------------|-------------------------|-----------|-----------------|
| Applicant First Name (or Entity Name) | Middle Name | Last Name | Suffix (if any) |
| Address | City | State | ZIP |
| Email (optional) | Phone Number (optional) | | |

Health Care Provider Certification

This section must be completed by a licensed physician for a physical health condition or a licensed physician, licensed psychologist, or a non-physician mental health professional for a mental health condition.

A medical or mental health professional is defined as a licensed physician, licensed psychologist, or non-physician mental health professional, as defined in Section 571.003, Health and Safety Code.

| | | | |
|---|-----------------------------|-------|-----|
| Printed Name of Medical or Mental Health Professional | Professional License Number | | |
| Address | City | State | ZIP |
| Email (optional) | Phone Number (optional) | | |

I, the health care professional listed above, certify the applicant listed above has a health condition or disability that may impede effective communication with a peace officer.

Signature of Medical or Mental Health Professional

Date

Applicant Certification – State law makes falsifying information a third degree felony.

I, the applicant listed above, certify I am voluntarily informing the department of a health condition or disability that may impede effective communication with a peace officer and authorize a communication impediment notation to be added to the vehicle record listed above for law enforcement use only.

Signature of Applicant

Date