

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
APPLICATION FOR VOLUNTARY DISABILITY DESIGNATOR ON AN ID CARD OR DRIVER'S LICENSE**

<input type="checkbox"/> Add Designator (Complete parts 1 and 2 in full)	<input type="checkbox"/> Identification card	<input type="checkbox"/> License	<input type="checkbox"/> Both
<input type="checkbox"/> Remove Designator (Complete part 1 in full only)			

**PART 1. TO BE COMPLETED BY APPLICANT
(APPLICANT MUST BE THE PERSON NAMED AS "PATIENT" IN PART 2.)**

FULL LEGAL NAME OF APPLICANT (PRINTED)			
MAILING ADDRESS		CITY / STATE / ZIP	
ID OR DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
EMAIL		DAYTIME TELEPHONE NUMBER ()	

PART 2. TO BE COMPLETED BY ALASKAN PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, NATUROPATH OR PSYCHOLOGIST

NAME OF PATIENT: _____

To obtain a Voluntary Disability Designator on an ID Card or Driver's License, the patient must meet at least one of the conditions set for in AS 18.65.310(m) and AS 28.15.111(d) which includes a cognitive, mental, neurological, or physical disability or any combination.

Does your patient have a commercial driver license (CDL)? YES NO

If YES, does your patient meet the physical requirements under 49 CFR 391.41 to retain their CDL? YES NO

I certify as a licensed Alaskan physician, physician assistant, advanced nurse practitioner, naturopath or psychologist that the patient shown as the applicant in Part 1 meets the criteria set is AS 18.65.310(m) and AS 28.15.111(d).

AUTHORIZED SIGNATURE	TITLE (CIRCLE ONE) Physician PA Advanced Nurse Practitioner Naturopath Psychologist <i>(defined under AS 08.45, AS 08.64, or AS 08.68)</i>	DATE / / 20
PRINTED NAME & OCCUPATIONAL LICENSE NUMBER	CITY & ZIP CODE	TELEPHONE NUMBER ()

PART 3. DMV USE ONLY

BATCH	OFFICE
LOGIN ID	Date

Notes: