

FIRST RESPONDER'S PHYSICIAN CERTIFICATE OF TOTAL AND PERMANENT DISABILITY

Section 196.102, Florida Statutes

I, _____, a physician licensed pursuant to chapter 458 or chapter 459,
Name of Physician
 Florida Statutes, hereby certify that Mr. Mrs. Miss Ms. _____,
Name of totally and permanently disabled person
 Social Security Number* _____ - _____ - _____, is totally and permanently disabled due to an impairment of the mind or body, and such impairment renders him/her unable to engage in any substantial gainful occupation, which the condition is reasonably certain to continue throughout his/her life. The above-named patient/applicant has the following mental or physical condition(s):

It is my professional belief that within a reasonable degree of medical certainty, the above-named condition(s) render Mr. Mrs. Miss Ms. _____ totally and permanently disabled and that
Name of totally and permanently disabled person
 the foregoing statements are true, correct, and complete to the best of my knowledge and professional belief.

_____ Signature of Physician	_____ Date
_____ Office Address of Physician	_____, FL _____ City Zip

Florida Board of Medicine or Osteopathic Medicine license number _____
 Issued on _____

NOTICE TO TAXPAYER: Each Florida resident applying for an exemption due to a total and permanent disability that occurred in the line of duty while serving as a first responder must present to the county property appraiser the required physician certificate(s), the required documentation from the Social Security Administration, and a certificate from the employer for whom the applicant worked as a first responder at the time of the injury or injuries, as required by section 196.102(5), Florida Statutes. This form is to be completed by a licensed Florida physician.

NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.102(10), Florida Statutes, provides that any person who knowingly and willingly gives false information for the purpose of claiming the homestead exemption for totally and permanently disabled first responders 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 section 196.011(1), Florida Statutes. The social security number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.