



# South Carolina Department of Natural Resources

## CERTIFICATION OF DISABILITY

for

**Mobility Impaired Vehicle Permit**

*( For Health Care Professionals Use Only )*

### 1. APPLICANT INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

### 2. PHYSICIAN'S CERTIFICATION

I hereby certify that the applicant has been a patient in my care and is permanently disabled. Qualifying disabilities are a) confinement to a wheelchair or b) requires mechanical aids such as crutches, prothesis or walker; or any certified permanent medical condition that severely limits a person's ability to walk.

Physician's License Number \_\_\_\_\_ State \_\_\_\_\_

Physician's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Telephone Number \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions or concerns regarding this application contact the Deputy Director's Office, Wildlife & Freshwater Fisheries Division at 803.734.3889. Mail completed application and certification to the appropriate regional office:

<p align="center"><b>Region 1 - Clemson</b></p> <p align="center">SC Department of Natural Resources Office of the Wildlife Coordinator 311 Natural Resources Drive Clemson, SC 29631</p>	<p align="center"><b>Region 2 - Florence</b></p> <p align="center">SC Department of Natural Resources Office of the Wildlife Coordinator 295 S. Evander Driver Florence, SC 29506</p>
<p align="center"><b>Region 3 - Columbia</b></p> <p align="center">SC Department of Natural Resources Office of the Wildlife Coordinator P.O. Box 167 Columbia, SC 29202</p>	<p align="center"><b>Region 4 - Charleston</b></p> <p align="center">SC Department of Natural Resources Office of the Wildlife Coordinator P.O. Box 12559 Charleston, SC 29422</p>