FIRST RESPONDER'S PHYSICIAN CERTIFICATE OF TOTAL AND PERMANENT DISABILITY

Section 196.102, Florida Statutes

I,	, a physician licensed pursuant to chapter 458 or			
Physician's name chapter 459, Florida Statutes, hereby certify that	Mr. Mrs. Miss N	ls		
Social Security Number*, is totally		Appl	licant name i impairment	
of the mind or body, and such impairment renders him or her unable to engage in any substantial				
gainful occupation, which condition is reasonably certain to continue throughout his or her life.				
□ Mr. □ Mrs. □ Miss □ Ms	has the followin	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		onthy diach	lad paraap	
totally and permanently disabled and that the forego	bing statements are true, cor	rect, and	l complete to	
the best of my knowledge and professional belief.				
Signature Address: (print)	Date			
Street	City	State	Zip	
Florida Board of Medicine or Osteopathic Medicine I	icense number	_		
Issued on				
NOTICE TO TAYDAYED. Each Florida regident applying for an	evention due to a total and new	nonont dia	ability that	

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.