

COMMUNICATION DISABILITY VERIFICATION FORM

In accordance with section 3304.23 of the Ohio Revised Code (R.C.), this form may be completed and submitted to add or remove persons/license plate numbers from the database of those who have been diagnosed with a communication disability or a disability that can impair communication.

R.C. 3304.23 defines a *communication disability* as a human condition involving an impairment in the human's ability to receive, send, process, or comprehend concepts or verbal, nonverbal, or graphic symbol systems that may result in a primary disability or may be secondary to other disabilities.

R.C. 3304.23 defines a *disability that can impair communication* as a human condition with symptoms that can impair the human's ability to receive, send, process, or comprehend concepts or verbal, nonverbal, or graphic symbol systems.

R.C. 5502.08 specifies that information in the communication disability database is not a public record.

INSTRUCTIONS:

COMPLETED BY: The individual with a communication disability or disability that can impair communication, or parent or guardian, must complete and sign Sections A and B of the document. Section C must be completed and signed by a physician, psychiatrist, or psychologist.

- Any person diagnosed with a communication disability or a disability that can impair communication who is eighteen years of age or older
- Any parent or guardian of a minor child or a ward diagnosed with a communication disability or a disability that can impair communication

TO REQUEST REMOVAL: Complete and sign Sections A and B only.

PAYMENT: THIS SERVICE IS OFFERED AT NO COST.

RETURN PROMPTLY: Completed forms may be mailed to the Ohio Bureau of Motor Vehicles, Attention: Remittance/DPU, P.O. Box 16521, Columbus, Ohio 43216-6521, scan and email to VIS-Administration@dps.ohio.gov or deliver to any Deputy Registrar/Ohio Bureau of Motor Vehicle office. For additional information, call: Opportunities for Ohioans with Disabilities (614) 438-1203 or go to www.ood.ohio.gov/Information/Communication-Disability-Law-FAQ. Please allow 15 business days for processing.

Attention: Incomplete, illegible, or unsigned forms cannot be processed



SECTION A To be completed by person with disability (if able and age 18 or over) or by the parent or guardian of person with disability. Please type or print legibly all requested information.

STREET ADDRESS		NAME OF PERSON WITH DISABILITY (REQUIRED)			DL / ID OF PERSON WITH DISABILITY (REQUIRED IF APPLICABLE)		
STREET ADDRESS			CITY				
STATE	ZIP	CODE	COUNTY	TELE	PHONE NUMBER		
 ERSON COMPLETING APPLICATION (REQUIRED IF APPLICABLE)		RELATIONSHIP 1	RELATIONSHIP TO APPLICANT (REQUIRED IF APPLICABLE)				
EMAIL ADDRESS FO	R CONFIRMATION (c	OPTIONAL)					
The information a	bove is true and a	accurate to the best of my u	ınderstanding.				
SIGNATURE OF APPLICANT OR PERSON COM		COMPLETING APPLICATION (F	PLETING APPLICATION (REQUIRED)		DATE SIGNED		
(
I would like to (be included in be removed f	d with a communice Please choose on the database. The database of the database of the database.		y that can impair commu		r regularly occupied by the		
License Plate N	umber(s) (compi	ete as many as necessary)	:				
1.	umber(s) (compi	ete as many as necessary) 2.	: 3.				
	umber(s) (compi						
1.	umber(s) (compi	2.	3.	-			
1. 4. 7.	pe completed by physion in the database.	2. 5.	3. 6. 9.	I requested info	rmation. All information below		
1. 4. 7. SECTION C To lis required for inclusion	pe completed by physion in the database.	2. 5. 8.	3. 6. 9. Please type or print legibly al	I requested info			
1. 4. 7. SECTION C To lis required for inclusion	pe completed by physion in the database.	2. 5. 8.	. Please type or print legibly al	I requested info			

Warning: Knowingly making a false statement on this form constitutes falsification, a first degree misdemeanor punishable by criminal fines and imprisonment, and also may result in civil liability (R.C. 2921.13).