

West Virginia Department of Transportation
Division of Motor Vehicles
Application To Be Included or Removed From
Communication Disability List



P0 Box 17010
Charleston, WV 25317
Questions: 1-800-642-9066
dmv.wv.gov

PART I

A.) Applicant's Information

Name (LAST, FIRST, MIDDLE), Gender, Birthdate, Address (STREET ADDRESS, CITY, STATE, ZIP), Phone, SSN, Driver's License or State ID Number

B.) Parent or Guardian Completing Form on Behalf of Applicant

Name (LAST, FIRST, MIDDLE), Phone, Relationship to Applicant (Parent, Guardian)

C.) Communication Disability List

Request to be INCLUDED on communication disability list, Request to be REMOVED from communication disability list

D.) Plate Numbers of Vehicles Owned, Operated, or Regularly Occupied by Applicant (include spaces)

Grid for entering vehicle plate numbers

E.) Option to Explain Disability

Type of Disability, Possible Symptoms, Measures Which Could Alleviate Symptoms

F.) Signature

I certify that I am a person with a disability which limits or impairs my ability to communicate and that the information above is accurate. I understand that any false statement may result in legal penalties pursuant to West Virginia Code §17C-13-6.

\* The person listed in Part I B. may sign for the applicant if they are unable to do so.

(X) SIGNATURE, DATE

PART II • TO BE COMPLETED ONLY BY A LICENSED PHYSICIAN, PSYCHIATRIST, OR PSYCHOLOGIST

Patient Condition and Physician's Certification

This patient has a communication disability or a disability that can impair communication.\*

\* "Communication Disability" means 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. "Disability that can impair communication" means 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.

Physician's Name, Medical License Number, Medical License Expiration Date, Business Address, City, State, Zip, Signature, Date, Telephone Number