



MISSOURI DEPARTMENT OF
REVENUE
 Physician's Statement - Permanent Disability Indicator

Attention: physician, physical therapist, occupational therapist licensed pursuant to [Chapter 334, RSMo](#), or other authorized licensed health care practitioner.

This form must be completed in full and submitted by applicants to meet Department of Revenue requirements to obtain a permanent disability indicator on their driver license or nondriver license. Please complete this form in full. A stamped signature is not acceptable. The issuance of a permanent disability indicator on a driver or nondriver license is not for the purpose of any determination of eligibility for any public benefit.

Patient Information	Last Name		First Name		Middle
	Date of Birth (MM/DD/YYYY) __ __ / __ __ / __ __ __ __		Driver License Number		
	Address		City	State	ZIP Code

Physician Information	Printed Last Name		First Name	Middle	Telephone Number (____)____-____
	Address		City	State	ZIP Code

Personal signature required of physician, physical therapist, occupational therapist licensed pursuant to Chapter 334, RSMo, or other authorized licensed health care practitioner.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I certify that I have examined the above named patient and have determined him or her to have a physical or mental impairment, which substantially limits his or her ability to perform one or more major life activities and is permanent in nature.	
	Signature	Printed Name
	Registration Number	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

Form 5294 (Revised 05-2013)

Mail to: Driver License Bureau
 P.O. Box 200
 Jefferson City, MO 65105-0200

Phone: (573) 751-2730
E-mail: dlbmail@dor.mo.gov

Visit <http://www.dor.mo.gov/drivers/>
 for additional information.

