



STATE OF ARKANSAS  
**Department of Finance  
 and Administration**

## LICENSE/ID PHOTO AFFIDAVIT-MEDICAL

<b>APPLICANT INFORMATION</b>	NAME OF APPLICANT		
	DATE OF BIRTH	PHONE NUMBER	DRIVER'S LICENSE NUMBER
	ADDRESS		
	CITY	STATE	ZIP-CODE

<b>MEDICAL INFORMATION</b>	IS HEAD COVERING REQUIRED DUE TO MEDICAL CONDITION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	I am undergoing treatment for an illness that causes hair loss. I opt to use the photograph on file from my most recent driver's license and have included a statement from my treating physician. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		

Head coverings may be worn in a driver's license or identification card photograph for medical conditions but must be adjusted to allow a full-face photograph to enable facial image capture.

Under Ark. Code Ann. § 27-16-801(b)(3), a Licensee undergoing treatment for hair loss may use the photograph on file from the most recent driver's license for one renewal and must provide a statement from a treating physician. If this request is found to be made unlawfully, fraudulently, or by deceit, the Department reserves the right to revoke or cancel a license at the Licensee's expense.

I attest under penalty of perjury that I have a medical condition which requires me to wear a head covering. I understand that a facial recognition photograph is required.

---

Printed Name of Licensee	Signature of Licensee	Date
--------------------------	-----------------------	------

---

Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
---------------------------------------	------------------------------------	------

**AFFIDAVIT MUST BE IMAGED TO THE ACCOUNT AS A SOURCE DOCUMENT**