

**STATE OF ARKANSAS
DOCTOR'S CERTIFICATION/VEHICLE OWNER'S APPLICATION
FOR ISSUANCE OF A SPECIAL LICENSE PLATE DECAL FOR THE DEAF**

TO BE COMPLETED BY A PHYSICIAN	
Name of Physician (Print of Type)	
Address	
City, State, Zip	
I hereby certify that the applicant below has an average loss in the speech frequencies (500 to 2,000 Hertz) in the better ear is 86 decibels, I.S. O. or worse.	
Physician's Signature	Date

TO BE COMPLETED BY APPLICANT				
Vehicles qualified to display special decal or placard as follows: Passenger Vehicles, 1 ton trucks and vans as rated by the manufacturer which are used only for personal transportation, light trucks and vans ½ and ¾ ton as rated by the manufacturer.				
VEHICLE DESCRIPTION				
License No	VIN	YEAR	MAKE	MODEL
I hereby certify that as owner of the above described vehicle, I am qualified to display the special decal authorized under Arkansas Code 27-15-101, which states that if the applicant has satisfactory proof of hearing loss determined by a physician according to the criteria listed in 27-15-101(a), the owner of the vehicle may apply for a special decal.				
Applicant's Signature			Date	
Applicant's Address				
City, State, Zip				

REVENUE OFFICE USE ONLY:	Special Decal for the Deaf Number
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