

**STATE OF ARKANSAS  
 PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE CERTIFICATION  
 VEHICLE OWNER'S APPLICATION  
 FOR ISSUANCE OF A COMMUNICATION IMPEDIMENT DECAL**

<b>TO BE COMPLETED BY A PHYSICIAN</b>	
<b>Name of Physician (Print of Type)</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Physician's Signature</b>	<b>Date</b>

<b>TO BE COMPLETED BY APPLICANT</b>				
<b>Vehicles qualified to display special decal 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. Special decal should be affixed in the upper left hand corner of the plate.</b>				
<b>VEHICLE DESCRIPTION</b>				
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 27-16-815, which states that a person present in a motor vehicle who has a medical condition that may impede his or her ability to communicate, including without limitation the following medical conditions: Alzheimer's disease; Autism spectrum disorders; or Down syndrome.				
<b>Applicant's Signature</b>			<b>Date</b>	
<b>Applicant's Address</b>				
<b>City, State, Zip</b>				

<b>REVENUE OFFICE USE ONLY:</b>	<b>Special Communication Impediment Decal Number</b>
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