



CITY OF PLANTATION
City Clerk's Office
400 NW 73 Ave
Plantation, FL 33317
Phone: 954-797-2239
www.Plantation.org

PHYSICIAN'S CERTIFICATE OF DISABILITY

Applicant's Name

I hereby attest that I am a licensed practicing physician, that I have personally and thoroughly examined the individual named above for the purpose of exemption from payment of the Local Business Tax Certificate under the provisions of Section 205.162, Florida Statutes, and that I have found the said applicant to be physically disabled and unable to perform manual labor as a means of livelihood as stated in the application of which this certificate is a part, the nature and extent of he disability being as follows:

Multiple horizontal lines for describing the nature and extent of the disability.

Physician's Signature

Date

Printed Name

Office Address Stamp

Account Number: