Secretary of State
Jocelyn Benson
Michigan.gov/SOS

Communication Impediment Designation Form

Instructions for the driver/applicant:

If you are deaf, hearing-impaired, autistic, or have another medical diagnosis that may make it difficult for you to communicate, you may request that a special communication impediment designation be placed on your Secretary of State record to notify law enforcement about your specific communication needs.

The designation is voluntary and is not printed on your driver's license, state ID, or vehicle registration. It can only be viewed by law enforcement when accessing your record in the event of a traffic stop or an emergency.

To have the designation added to your record, a physician, physician assistant, certified nurse practitioner, audiologist, speech-language pathologist, psychologist, or physical therapist **licensed to practice in Michigan must certify** the diagnosis that causes the impediment.

If you would like to have the communication impediment designation added to your record, complete Part 1 on the next page. Your Michigan-licensed medical professional must complete and sign Part 2.

There is no fee to have the designation added to your record. You may apply by mailing, faxing, or emailing your completed form to one of the addresses provided. If you would like to apply in-person, you may schedule a visit at a Secretary of State office.

Please mail, fax, or email the completed form to:

Mail: Michigan Department of State
Internal Services Section
7064 Crowner Dr
Lansing MI 48918

Fax: (517) 636-5865

Email: mdos-iss@michigan.gov
(if emailing, please send as an encrypted message)

Please contact the Internal Services Section at (517) 636-5872 if you have any questions about this form.

Clear

Print

Part 1: To be completed by the applicant

Applicant information:

Name (first, middle, last): _____

Driver's license or state ID number: _____ Date of birth: _____

Daytime telephone number: _____ Email address: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Vehicle registration:

Please list up to three license plates identifying the vehicles you want associated with the communication impediment designation.

Plate 1: _____ Plate 2: _____ Plate 3: _____

I am requesting that the Michigan Department of State add the communication impediment designation to the records that I have selected. I understand that making a false statement in completing this application is a misdemeanor punishable by imprisonment for not more than 30 days, or a fine of not more than $500, or both. I also understand that the designation may be removed from my record if it is determined that it was fraudulently applied for, or if the designation was abused during a traffic stop.

Applicant's signature: _____ **Date:** _____

Vehicle owner's signature: _____ **Date:** _____
(Only required if applicant is not the vehicle owner.)

Part 2: To be completed by the qualifying medical professional

Must be completed by a physician, physician assistant, certified nurse practitioner, audiologist, speech-language pathologist, psychologist, or physical therapist licensed to practice in Michigan.

Medical professional's information:

Name (first, middle, last): _____ Professional license number: _____

Daytime telephone number: _____ Email address: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Type of practice or medical specialty: _____

Patient information:

Patient's name (please type or print): _____

Type of communication impediment (for example, autistic, delayed comprehension, deaf/hearing impaired, or stuttering):

_____

I certify that the applicant referred to on this form has a health condition that may impede communication with a law enforcement officer.

Medical specialist's signature: _____ **Date:** _____

Personally identifiable information collected on this form is limited to what's needed to complete your transaction. For other ways your information may be used, visit mi.gov/sos/policies.