



Communication Impediment Designation

Instructions for driver/applicant

If you are deaf, hearing-impaired, or autistic, 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 card 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 licensed physician, physician assistant, certified nurse practitioner or physical therapist must certify that you require special considerations when communicating.

If you would like to have the communication impediment designation added to your record, complete Part 1 on the next page. Your physician, physician assistant, certified nurse practitioner or physical therapist must complete Part 2.

There is no fee to have the designation added to your record. You may apply by emailing, mailing or faxing the form to the address provided. Your application can also be processed during a branch office visit.

Please mail, fax or email the completed form to:

Michigan Department of State
7064 Crowner Dr
Lansing, MI 48918

Phone: 517-636-5872

Fax: 517-636-5865

Email: MDOS-SpecialServices@Michigan.gov

For information about branch office appointments, visit Michigan.gov/SOS.

Part 1 - To be completed by applicant

Name (first, middle, last)		Date of birth	
Street address		Daytime telephone number	
City	State	ZIP	Today's date

Driver's license or ID card #:

Vehicle Registration Numbers (please list up to 3 plates):

Plate 1:

Plate 2:

Plate 3:

I am requesting that the Department of State add the communication impediment designation to the records listed above. 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 the designation may be removed from my record if it is determined that the designation was fraudulently applied for, or if the communication impediment designation was abused during a traffic stop.

Applicant's Signature: _____

Signature of Vehicle Owner (if different from the applicant): _____

NOTE: If the applicant does not own the vehicle, the vehicle owner must also sign the application.

Part 2 - Qualifying medical professional

Name (first, middle, last)		Professional license number	
Address	City	State	ZIP
Telephone number	Type of practice or medical specialty*		

Patient's printed name

I certify the applicant listed above has a health condition that may impede communication with a law enforcement officer.

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

***Must be completed by a physician, physician assistant, certified nurse practitioner, or physical therapist.**