



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Eligibility Verification for Reduced Fee ID Card

Bring or mail this completed form to any Minnesota driver exam station. For addresses, visit dvs.dps.mn.gov and click Locations in the top orange navigation bar. You may also mail the form to Driver and Vehicle Services, 445 Minnesota Street, St. Paul, Minnesota 55101-5175, or fax to (651) 282-2110. For questions, call (651) 297-3298 or (651) 282-6555 (TTY).

- A medical professional or case manager completes **one** of the following verifications, according to the following statute.

Minnesota Statutes, section 171.07, subdivision 3, paragraph (e): "The fee for a Minnesota identification card is 50 cents for a person who is either: developmentally disabled as defined in Minnesota Statutes, section 252A.02; physically disabled as defined in Minnesota Statutes, section 169.345, subdivision 2; or has serious and persistent mental illness as described in Minnesota Statutes, section 245.462, subdivision 20, paragraph (c)."

I, a licensed medical professional or case manager, verify that the following individual qualifies for a reduced fee Minnesota Identification Card according to the statute above. (PRINT OR TYPE)

First Name Middle Name Last Name Date of Birth (mm/dd/yy)

VERIFICATION OF DEVELOPMENTAL DISABILITY (Needed only for initial application)

X _____
Signature of MD or case manager Office Address

Name and Title (PRINT OR TYPE) Area code and phone number (TYPE - NO DASHES OR SPACES)

OR

VERIFICATION OF SERIOUS AND PERSISTENT MENTAL ILLNESS (Needed for initial application and renewal)

X _____
Signature of MD or case manager Office Address

Name and Title (PRINT OR TYPE) Area code and phone number (TYPE - NO DASHES OR SPACES)

OR

VERIFICATION OF PHYSICAL DISABILITY

Permanent physical disability
(verification needed only for initial application)

Temporary physical disability for up to 4 years
(verification needed for initial application and renewal)

X _____
Signature of MD or case manager Office Address

Name and Title (PRINT OR TYPE) Area code and phone number (TYPE - NO DASHES OR SPACES)