



State of Maine
Department of State
Bureau of Motor Vehicles

Certification of Deafness or Hard-of-Hearing

Name: _____

Date of Birth: _____ Telephone/TTY # _____

License Number: _____

Address: _____

For the purposes of issuing a license sticker with a deaf or hard-of-hearing designation the person listed above meets one of the following qualifications:

- Applicant's sense of hearing is nonfunctional for the purpose of communication and must depend primarily upon visual communication.
- Applicant has a hearing loss resulting in functional loss, but not to the extent that the person must depend primarily upon visual communication.

Medical Care Provider's Name (printed)

Signature and Date

In lieu of the requirements outlined above, a person may submit a copy of a document showing enrollment and/or graduation from a certified school for the deaf along with this form.

Mail to:
Secretary of State
Bureau of Motor Vehicles
29 State House Station
Augusta, Maine 04333-0029
Telephone: (207) 624-9000, ext. 52114 TTY: 877-456-8195
Fax: (207) 624-9170