



State of Maine
Secretary of State
Bureau of Motor Vehicles

Certification of Acquired Brain Injury

Name: _____

Date of Birth: _____

Mailing Address:

Telephone Number: _____

For the purpose of issuing a non-driving card to the person named above, please sign this form indicating the person named above on this document has an acquired brain injury as defined by Maine statute, Title 22, Section 3086.

Licensed Neurologist, Physician, Neuropsychologist Name (printed) License Number

Signature

Date

Applicant: Mail this application with a **\$5.00 check or money order** to the address below:

**Secretary of State
Bureau of Motor Vehicles
29 State House Station,
Augusta, ME 04333-0029
Attn: Director, Driver License Services
Telephone: (207) 624-9000
TTY Users call Maine relay 711**

This card provides no driving privileges and may not be used as a form of identification.