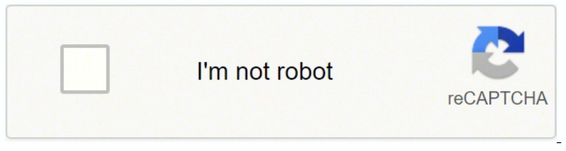

Open

Self certification form 2018 print

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
2900 Apalachee Parkway
Neil Kirkman Building - Tallahassee, FL 32399

CERTIFICATION OF ADDRESS

Date_____

I do hereby certify that:

_____
Name *(First)* *(Middle)* *(Last)*

Date of Birth _____

Resides at:

_____
Street, Apartment

_____
City *State* *Zip Code*

SPECIAL CONDITIONS:

☐ Self Certification ☐ Released from Incarceration**
☐ Homeless* ☐ Other_____

_____
Signature of Addressee/Customer *Print Name of Addressee/Customer* *Date*

INSTRUCTIONS:

A Certification of Address form completed and signed by the customer is accepted as proof of residential address, providing it is accompanied by:
- One proof of residential address in the customer's name or;
- One proof of residential address in the name of the person with whom the customer resides. ***

* Homeless customers may present a letter listing the customer's name from a shelter, public assistance agency representative along with the completed Certification of Address form.

** Customers released from incarceration may present an Address Verification Letter from the Department of Corrections (with an Inmate Identification Card and Certificate of Discharge) along with the completed Certification of Address form.

*** Check out what to bring with you as proof of your new address:
flhsmv.gov/whattobring

HSMV 71120 (Rev 04/18)

LCR-1040AFORFF (1-18) ARIZONA DEPARTMENT OF ECONOMIC SECURITY Page 1 of 2
Division of Developmental Disabilities ● Office of Licensing Certification & Regulation (OLCR)

HEALTH SELF-DISCLOSURE

The Health Self-Disclosure and Physician Statement must be dated within six months of the submission date of the application

PATIENT'S NAME _____ GENDER ☐ M ☐ F BIRTHDATE _____
(Last, First, M.I.)

ADDRESS (No., Street, City, State, ZIP) _____

DATE OF MOST RECENT PHYSICAL EXAMINATION _____

Respond to each of the following. The disclosure of a health condition will NOT automatically preclude licensure.

I have a History of:	Yes	No	I have a History of:	Yes	No	I have a History of:	Yes	No
Alcohol Abuse	☐	☐	Diabetes	☐	☐	High Blood Pressure	☐	☐
Asthma/Respiratory Problems	☐	☐	Drug Abuse	☐	☐	HIV/AIDS	☐	☐
Autoimmune Disease	☐	☐	Epilepsy	☐	☐	Mental Illness	☐	☐
Cancer	☐	☐	Heart Disease	☐	☐	Tuberculosis	☐	☐
Chronic Pain Disorder	☐	☐	Hepatitis	☐	☐	Other:	☐	☐

EXPLAIN ANY "YES" ANSWERS TO THE ABOVE AND IDENTIFY THE TREATING PHYSICIAN/SPECIALIST

SUMMARY OF PAST OR PRESENT MAJOR ILLNESSES, SURGERIES OR TREATMENTS

I HAVE RECEIVED SERVICES OR TREATMENT FOR A PSYCHIATRIC DISORDER, EMOTIONAL PROBLEM, OR DEPRESSION
☐ Yes ☐ No If yes, explain:

I HAVE RECEIVED SERVICES OR TREATMENT FOR SUBSTANCE ABUSE
☐ Yes ☐ No If yes, explain:

I regularly use the following over-the-counter and prescription medications.

Medication	Reason for Use	Medication	Reason for Use

I certify that the information provided above is true, accurate, and complete. I understand that providing false information or the intentional misrepresentation of information on this Disclosure may result in the denial or revocation of my license/certification. I give permission for my physician to release this medical information to the agency specified at the end of the form. The Health Self-Disclosure and the Physician's Statement are to be used only for the purpose of evaluating me or a household member for licensure/certification.

PATIENT'S SIGNATURE _____ DATE _____

See reverse for FOR ARIZONA disclosures

NEW YORK STATE OF OPPORTUNITY. Department of Motor Vehicles

PROFESSIONAL SERIES CUSTOM PLATES

In New York State, custom plates are reserved for easy identification of vehicles owned by members of professional groups. They are subject to the following regulations: **your current registration must be in the name of the professional person; and you must provide a copy of your current NYS Department of Education (DOE) Registration Certificate with your order.**

PLATE SERIES REQUESTED (First-time plate fees are listed after each series and do not include the registration fee):

☐ Acupuncturist (ACU) ☐ Optometrist (OD) ☐ Professional Engineer (PE) ☐ Registered Physician's Assistant (RPA)
☐ Chiropractor (DCH) ☐ Pharmacist (RX) ☐ Psychologist (PSY) ☐ Veterinarian (VM)
☐ Dentist (DDS) ☐ Physical Therapist (PT) ☐ Registered Architect (AR) ☐ Visiting Nurse (VN)
☐ Medical Doctor (MD) *(allowed more than one set)* ☐ Podiatrist (DPM) ☐ Registered Nurse (RN)
→ $60.00 each set

☐ NYS Dental Association (DDS) *(Provide proof of membership in NYSDA)* ☐ NYS Dental Association (DMD) *(Provide proof of membership in NYSDA)* → $58.75 each set

☐ Medical Doctor (MD) motorcycle plate - initial fee $35 - annual fee $18.75 *(cannot be personalized)*

☐ Certified Public Accountant (CPA)* ☐ Chiropractor (DC)* ☐ Hypnotherapist (HT)* *(Provide proof of membership in NYSHA)* → $60.00 each set

**Only the three series shown to the left can be personalized, using as many as 6 spaces. The fee to order one of these personalized plates is $91.25. Write 3 plate number choices below. If you want to leave a space on the plate, put a period(.) on the line where the space should be. If the ISA ♿ is required, only 5 spaces are allowed. DMV reserves the right to reject, recall or cancel any plate that is deemed objectionable. This includes plates that have already been issued.*

Choice 1 __ __ __ __ __ __ Choice 2 __ __ __ __ __ __ Choice 3 __ __ __ __ __ __

FILL IN INFORMATION BELOW (*Please Print*):

Last Name	First	MI
Mailing Address (Street & No., Apt. No.)	State	Zip Code
Business Address / City	State	Zip Code
Date of Birth / /	Professional License No.	Daytime Phone No. ( )
Signature (*Sign Name in Full*) ✍	Date	
Current Plate Number	Vehicle Year	Vehicle Make
Do your current plates have the International Symbol of Access? ♿ ☐ Yes ☐ No	If you need the International Symbol of Access on your new plates and you do not have it on your current plates, you must also submit a completed form MV-664.1	

Payment Method: ☐ Check ☐ Money Order ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Amount Enclosed $

Name *(as it appears on credit card)* _____

Credit Card Number _____ Expiration Date _____

Authorized Signature ✍ _____

Please do not send cash! Make check or money order payable to "Commissioner of Motor Vehicles". Please allow 4 to 6 weeks for delivery. The annual renewal fee for professional series custom plates (except NYS Dental Association plates) is $31.25 ($62.50 for CPA or DC or HT personalized plates). The annual renewal fee for NYS Dental Association plates is $30.00. These fees are in addition to your vehicle registration renewal fee. You will be billed for the plates every two years when you renew your registration.

NOTE:
- Plates are not ordered until we receive **ALL** required documents and fees.
- The next available number in the plate series will be assigned.
- Falsifying documents will result in cancellation of the custom plates.
- **Plates will be mailed to the address on the vehicle's registration file. If you have moved and you have not updated your address on your registration record, please complete the Change of Address form MV-232.**

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration and/or the applicant's license pursuant to regulations established by the Commissioner. The act of renewing these plates shall constitute your certification that you remain eligible to continue holding these plates.

If you have any questions, or need additional information, call 518-402-4838. --- www.dmv.ny.gov ---
Return this completed form, the required proof and your payment to:
Department of Motor Vehicles, Custom Plates Unit, PO Box 2775, Albany NY 12220.

MV-410 (2015)

DREAMSCAPE SERVICES, INC.

Address of House Inspected: xxxx - Xenia Avenue N. / Crystal, MN 55422
Date of Inspection: 6/11/2016
Client Name & Inspection Number: xxxxxxx #3235
Type and Style of Structure: 1-1/2 Story
Type and Style of garage: 2 Car Detached
Approximate age: 66 Years

EXTERIOR OBSERVATIONS

KEY: F - Functional D - Defective C - Comment

SITE	F	D	C	Comments
Grade/drainage	X			
Window wells		X		Tilted at east side - openings at wall connections
Sidewalks		X		(Concrete) Settling, differential cracks, surface erosion
Steps	X			(Concrete)
Driveway	X			(Concrete)
DWELLING				
Foundation	X			
Wall structure	X			
Wall covering			X	(Wood shakes) Peeling paint observed
Windows			X	Peeling paint at window trim
Entry doors			X	Damaged closer rod at south storm door
Roof structure	X			
Roof covering		X		Damaged shingles, improper installation at hood vents
Vents	X			
Chimney/flue				N/A
Overhangs			X	Inadequate soffit vents, peeling paint
Gutters	X		X	Gutters need cleaning
Electrical		X		No GFCI at west outlet, GFCI not functioning at east outlet, utility lines are contacting trees
Plumbing		X		No backflow preventer at hose bib
A/C Compressor	X			
GARAGE				
Exterior		X		No expansion gaskets at hardboard siding joints, trees contacting roof & walls
Roof covering	X			
Structure	X			
Wall / ceiling			X	Sheetrock damage observed
Floor slab	X			
Windows	X		X	Missing 1 screen
Service door	X			
Overhead door	X			
Automatic opener	X			
Electrical	X			
Heating				N/A

Comments: The roof was inspected at arms length and with binoculars. There is one layer of asphalt composition shingles with minor damage in several areas. The shingles are properly installed except for the area at the hood vents.

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