Driver License or Identification Card
Medical, Hearing, and Disability Designations Request

WASHINGTON STATE DEPARTMENT OF LICENSING

Use this form to add or remove designations in our driver license and identification (ID) card system.

These designations can give first responders information about how you communicate or conditions that affect a health emergency:
- Most law enforcement can see these designations when they look up individuals in our system.
- Medical personnel can view designations printed on your license or ID card. They don't have access to information in our system.

If you are under 18, your parent must also sign this request.

When completed, take this form to a driver licensing office or mail to:

Programs and Services, Record Response
Department of Licensing
PO Box 9030
Olympia, WA 98507-9030

If you mail this form, we will contact you to finalize your request.

For questions or language help call: (360) 902-3900

Applicant information

TYPE or PRINT Name as it appears on your current driver license or ID card *(Last, First, Middle)*			Driver license or ID card number
Mailing address *(Street address or PO Box)*			
City	State	ZIP code	10-digit Daytime phone number
How would you like us to contact you? ☐ Email ☐ U.S. mail	Email		

Designations

Select the designations you want linked with your name in our system. You also have the option to display or remove applicable symbols (shown below) on your driver license or ID card.

Designations to display in our system *(Choose all that apply)*

☐ **Medical alert**
- ☐ Display the medical alert symbol on my license or ID card and in DOL's system
- ☐ Do not display this symbol on my license/ID card but add/keep it in DOL's system
- ☐ Remove this designation in DOL's system (will not appear on future licenses or ID cards)

☐ **Deaf/Hard of hearing**
- ☐ Display the deaf/hard of hearing symbol on my license or ID card and in DOL's system
- ☐ Do not display this symbol on my license/ID card but add/keep it in DOL's system
- ☐ Remove this designation in DOL's system (will not appear on future licenses or ID cards)

☐ **Developmental disability**
- ☐ Display the developmental disability symbol on my license or ID card and in DOL's system
- ☐ Do not display this symbol on my license/ID card but add/keep it in DOL's system
- ☐ Remove this designation in DOL's system (will not appear on future licenses or ID cards)

X _____
Applicant signature   Date

X _____
Parent/Guardian signature if applicant is under 18   Date

_____
Parent/Guardian driver license/ID card number   State

RCW 46.20.117, 46.20.161

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