



Special Communication for Credential

FOR OFFICIAL USE ONLY
CJ# _____
Date _____
Rec'd _____

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631 • DriverLicense@mt.gov • mvdmt.gov

Legal First Name	Legal Middle Name	Legal Last Name	Suffix
Current Residential Address		City	State
Current Mailing Address		City	State
Daytime Phone Number		Email Address	

[§ 61-14-201\(21\), MCA](#), may allow the applicant to provide a personal communication limitation or other medical information that would be relevant to a peace officer during a traffic stop or to first responders during an emergency.

This special communication is related to: Medical Condition Communication Limitation

Please select the appropriate condition:

- | | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Adrenal Insufficiency – Steroid Dependent | <input type="checkbox"/> Blind Spot Equipment Required | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Allergic to Amoxicillin | <input type="checkbox"/> Booster Seat Required | <input type="checkbox"/> Legally Blind |
| <input type="checkbox"/> Allergic to Penicillin | <input type="checkbox"/> Color Blind | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Alzheimer’s | <input type="checkbox"/> Communication Difficulties | <input type="checkbox"/> Mirror Extensions |
| <input type="checkbox"/> Apraxia of Speech | <input type="checkbox"/> Communication Difficulties – Writing Only | <input type="checkbox"/> Mirrors on Both Sides |
| <input type="checkbox"/> Asperger’s Syndrome | <input type="checkbox"/> Corrective Lenses at Night | <input type="checkbox"/> Mute |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Bioptic Lens Required | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Pillow Required While Driving |
| <input type="checkbox"/> Blind Left Eye | <input type="checkbox"/> Glucose Required | <input type="checkbox"/> Right Outside Mirror |
| <input type="checkbox"/> Blind Right Eye | <input type="checkbox"/> Left Foot Accelerator | <input type="checkbox"/> Testing & Training Purposes Only |

Printed Name: _____

Legal Signature: _____ Date: _____