House Bill 144 Keith's Law Disability Verification Form

In accordance with Section 3304.23 of the Ohio Revised Code, this form may be completed and submitted to add or remove persons/license plate numbers from the database of those who have been diagnosed with a disability.

- R.C. 3304.23 defines disability as an intellectual impairment, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, a serious health impairment, a specific learning impairment (including dyslexia), deaf-blindness, or a mental health condition with symptoms that make it difficult for a person to do certain activities or to interact with others.
- R.C. 5502.08 specifies that information in the disability database is not a public record.

INSTRUCTIONS

REQUEST TO BE ADDED TO THE DATABASE

Sections A and B: The individual with a disability, or parent or guardian, must complete and sign Sections A and B of the document.

Any person diagnosed with a disability who is eighteen (18) years of age or older; or

Any parent or guardian of a minor child or a ward diagnosed disability.

Section C: This section must be completed and signed by a psychiatrist or other physician, a psychologist, a clinical nurse specialist, or a certified nurse practitioner.

REQUEST REMOVAL FROM THE DATABASE

Complete and sign sections A and B only.

RETURN THE FORM PROMPTLY

Completed forms may be mailed, scanned and emailed, or delivered to:

Mail:	Email:	In-person:
Ohio Bureau of Motor Vehicles, Attention: Remittance/DPU; PO Box 16521, Columbus, Ohio 43216-6521	Scan and send to VIS-Administration@dps.ohio.gov	Deliver to any Deputy Registrar/ Ohio Bureau of Motor Vehicles office

PAYMENT

This service is offered at **no cost**. Please allow fifteen (15) business days for processing. Incomplete, illegible, or unsigned forms cannot be processed.

For additional information, please call **Opportunities for Ohioans with Disabilities** at **614-438-1200** or go to OOD.Ohio.Gov/HB144.

DISABILITY VERIFICATION FORM

I would like to (Please choose one**):** ☐ **Be included in the database.** (Sections A, B, and C)
☐ **Be removed from the database.** (Sections A and B only)

SECTION A: To be completed by person with disability (if able and age 18 or over) or by the parent or guardian of person with disability. Please type or print legibly all requested information.

NAME OF PERSON WITH DISABILITY (REQUIRED)_____

DL / ID OF PERSON WITH DISABILITY (REQUIRED IF APPLICABLE)_____

STREET ADDRESS (REQUIRED)_____

CITY_____STATE _____ ZIP CODE_____

COUNTY_____TELEPHONE NUMBER (REQUIRED)_____

PERSON COMPLETING APPLICATION (REQUIRED IF APPLICABLE)_____

RELATIONSHIP TO APPLICANT (REQUIRED IF APPLICABLE)_____

EMAIL ADDRESS FOR CONFIRMATION (OPTIONAL)_____

The information above is true and accurate to the best of my understanding.

SIGNATURE OF APPLICANT OR PERSON COMPLETING APPLICATION

_____DATE SIGNED_____

SECTION B: To be completed by person with disability (if able and **age 18 or over**) or by the parent or guardian of person with disability. **Please type or print legibly all requested information**. R.C. 3304.23 allows an applicant to list the license plate number of each vehicle owned, operated, or regularly occupied by the person diagnosed with a disability.

License Plate Number(s) (complete as many as necessary)

1.	2.	3.
4.	5.	6.

SECTION C: To be completed by a psychiatrist, physician, psychologist, clinical nurse specialist, or certified nurse practitioner. Please type or print all requested information clearly; all fields are required for database inclusion.

NAME OF HEALTH CARE PROVIDER _____

PROFESSIONAL LICENSE NUMBER_____

ISSUING STATE_____BUSINESS ADDRESS_____

TITLE_____CITY_____

STATE_____ZIP CODE_____DAYTIME PHONE NUMBER_____

I certify that the person named above has been diagnosed with a disability defined by R.C. section 3304.23.

SIGNATURE OF HEALTHCARE PROVIDER (REQUIRED)

_____DATE SIGNED_____

Warning: Knowingly making a false statement on this form constitutes falsification, a first-degree misdemeanor punishable by criminal fines and imprisonment, and may result in civil liability (R.C. 2921.13).

Created: 01/05/2026