



# FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

## Physician Qualification Letter - AMP

This is to certify that \_\_\_\_\_, born on \_\_/\_\_/\_\_\_\_, in my professional opinion, has a mobility impairment that limits their ability to walk, without rest or stop, for 200 feet, based on one or more of the following conditions:

- Inability to walk, or inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or without the assistance of another person.
- The need to permanently use a wheelchair.
- Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than 1 liter, or the person's arterial oxygen is less than 60 mm/hg on room air at rest.
- Use of portable oxygen.
- Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or IV, according to standards set by the American Heart Association.
- Severe limitation in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

\_\_\_\_\_  
Patient's Social Security Number \*

I certify that the above information is true and correct.

\_\_\_\_\_  
Date of Certification \*

Certification or License Number \* \_\_\_\_\_ of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Registered Nurse Practitioner under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.

\_\_\_\_\_  
Print/Type Name of Certifying Authority \*

\_\_\_\_\_  
Certifying Authority Signature \*

\_\_\_\_\_  
Certifying Authority Business Address \*

\_\_\_\_\_  
City, State, Zip \*

\_\_\_\_\_  
Certifying Authority Telephone Number (with area code)\*

\* All fields are required for permit approval.

Return To: Florida Fish and Wildlife Conservation Commission  
Office of Licensing and Permitting  
PO Box 6150  
Tallahassee, FL 32314-6150

or Scan and Upload into the Go Outdoors Florida System and re-submit your application.

or Email To: [CustomerService@MyFWC.com](mailto:CustomerService@MyFWC.com)

The FWC collects social security numbers for the issuance of recreational and professional fishing or hunting licenses or permits to an individual in accordance with S.379.352 F.S. and 42 USC 666 for the purpose of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.