



The American Driving Society, Inc.
Dispensation Certificate Application

Driver Name:

Address:

Phone:

Email:

Date of Birth:

ADS #:

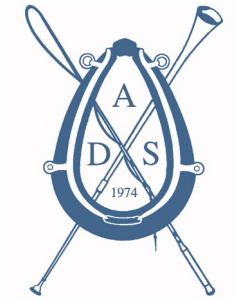
Permanent disability

Temporary disability (state expected end date):

Detail your disability below. Please include medical diagnosis (should be on doctor's letterhead) or any USEF or FEI dispensation certificate or state-issued disability permit/placard.

The information on this application and any supporting documents will be held by the ADS in strictest confidence. 1

Email form to: abbie@americandrivingsociety.org



List the compensating aids, adaptive equipment, variances in dress or any other allowances that you require (attach additional sheet if needed).

Signature of Applicant:

Date:

Signature of Parent or Guardian:

Date:

Print Name:

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