



STATE OF ARKANSAS
**Department of Finance
 and Administration**

LICENSE/ID PHOTO AFFIDAVIT–MEDICAL

APPLICANT INFORMATION	NAME OF APPLICANT		
	DATE OF BIRTH	PHONE NUMBER	DRIVER'S LICENSE NUMBER
	ADDRESS		
	CITY	STATE	ZIP-CODE

MEDICAL INFORMATION	IS HEAD COVERING REQUIRED DUE TO MEDICAL CONDITION?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	I am undergoing treatment for an illness that causes hair loss. I opt to use the photograph on file from my most recent driver's license and have included a statement from my treating physician.		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

Head coverings may be worn in a driver's license or identification card photograph for medical conditions but must be adjusted to allow a full-face photograph to enable facial image capture.

Under Ark. Code Ann. § 27-16-801(b)(3), a Licensee undergoing treatment for hair loss may use the photograph on file from the most recent driver's license for one renewal and must provide a statement from a treating physician. If this request is found to be made unlawfully, fraudulently, or by deceit, the Department reserves the right to revoke or cancel a license at the Licensee's expense.

I attest under penalty of perjury that I have a medical condition which requires me to wear a head covering. I understand that a facial recognition photograph is required.

 Printed Name of Licensee

Signature of Licensee

Date

 Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

AFFIDAVIT MUST BE IMAGED TO THE ACCOUNT AS A SOURCE DOCUMENT