

Marilyn E. Wood
Revenue Commissioner
P.O. Box 1169
Mobile, Alabama 36633-1169

ACT 48 EXEMPTION

DATE: _____

NAME: _____

ADDRESS: _____

KEY NUMBER: _____

TELEPHONE NO: _____

TO WHOM IT MAY CONCERN:

This is to certify that the above listed patient is considered **TOTALLY &**
PERMANENTLY DISABLED since _____ / _____ / _____.
Month Day Year

PLEASE PRINT OR STAMP

Doctor's name and address _____
& Phone number: _____

Doctor's signature: _____
***** (Required) *****

*****Must be signed by a LICENSED PHYSICIAN*****