Alaska Department of Revenue
Permanent Fund Dividend Division
Physician's Certification of Disability

In order for the Department of Revenue to complete the processing of your 2009 Disabled Permanent Fund Dividend (PFD) application, you must have your physician complete the information below. You must sign the release before you give it to your physician. Send this form **with your application** to the address below.

Applicant

Printed Name		Daytime Telephone Number
Social Security Number	Date of Birth	Message Telephone Number
Mailing Address		Email Address
City	State	Zip Code

I was disabled **on March 31, 2009** and I authorize the physician listed below to release information regarding my disability to the Alaska Department of Revenue.

Signature of Patient (Applicant)	Date

Physician

For purposes of this statement, **"disabled"** means physically or mentally unable to complete and sign a (Permanent Fund Dividend) application due to a serious emotional disturbance, visual, orthopedic, or other health impairment, or developmental disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism or other cause. Disabled does not mean incompetent. (AS 43.23.095(2))

This is to certify that the patient (applicant) named above is a patient of mine. I certify that the patient was disabled, as defined above, **on March 31, 2009** and that as a result of the disability the patient was unable to timely file a 2009 Permanent Fund Dividend application by March 31, 2009.

Signature of Physician	Date
Printed Name of Physician	
Mailing Address of Physician	Telephone Number
City, State, Zip Code	
Briefly describe condition of patient on March 31, 2009	

Send this completed form to: **Alaska Department of Revenue**
Permanent Fund Dividend Division
PO Box 110462
Juneau, Alaska 99811-0462

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