



## AUTISM DESIGNATION ENROLLMENT

### Purpose

This form allows an individual to voluntarily designate that they have been diagnosed with an autism spectrum disorder for the limited purpose of assisting law enforcement officers and emergency medical professionals in identifying and effectively communicating with the individual.

Participation is voluntary. Submission of this form is not required to obtain or renew a driver license or state identification card.

SECTION 1 – Individual Information (Required)		
Full Legal Name:	Date of Birth:	Oklahoma Driver License or State ID Number:
SECTION 2 – Provider Certification of Diagnosis (Required)		
To be completed by a licensed primary care physician, licensed psychologist, or licensed psychiatrist. I certify that the individual identified in Section 1 has been diagnosed with an autism spectrum disorder.		
Provider Name (Printed):	License Type:	License Number:
Signature: _____ Date: _____		
SECTION 3 – Voluntary Election & Designation Choice (Required)		
I voluntarily request the autism spectrum designation pursuant to 47 O.S. §6-125. I understand this designation may be used to assist law enforcement officers and emergency responders in identifying and communicating with me.		
<b>Choose how this designation is displayed or stored (check one):</b> <input type="checkbox"/> Displayed on your credential <input type="checkbox"/> Communication considerations shared with law enforcement <input type="checkbox"/> Both		I understand that: <ul style="list-style-type: none"><li>▶ This designation is voluntary</li><li>▶ I may update or remove this designation at any time through procedures established by Service Oklahoma</li></ul>
SECTION 4 – Emergency Contact & Communication Considerations		
Completion of this section is voluntary. Information provided will be accessible to law enforcement officers.		
<b>Emergency Contact</b>	<b>Communication Considerations (Optional – check all that apply):</b>	
Name:	<input type="checkbox"/> Prefers written communication	
Phone Number:	<input type="checkbox"/> May require additional time to respond	
	<input type="checkbox"/> May avoid eye contact	
	<input type="checkbox"/> May experience sensory sensitivity	
	<input type="checkbox"/> Other (brief): _____	
SECTION 5 – Applicant Acknowledgment & Signature (Required)		
I certify that the information provided on this form is accurate to the best of my knowledge and that submission of this form is voluntary.		
Signature of Applicant: _____ Date: _____		