

**Statement of Invisible Condition**

To add an invisible condition to a motor vehicle record, all three sections of this form must be completed.

To remove an invisible condition from a motor vehicle record, the vehicle owner must complete section 1.

Submit completed forms to the Division of Motor Vehicles, by email to **dmv@utah.gov**, by fax to 801-297-3570, or at any DMV office.

▶ Section 1 – Vehicle Owner Information

Owner's name (print)	Email address		
Street address	City	State	ZIP code

List each vehicle whose records you want changed in the motor vehicle records database:

Year	Make	Model	Plate Number	Identification Number (VIN/HIN)	Add/Remove Condition
_____	_____	_____	_____	_____	☐ Add invisible condition
_____	_____	_____	_____	_____	☐ Remove invisible condition (complete Section 1 only)
_____	_____	_____	_____	_____	☐ Add invisible condition
_____	_____	_____	_____	_____	☐ Remove invisible condition (complete Section 1 only)
_____	_____	_____	_____	_____	☐ Add invisible condition
_____	_____	_____	_____	_____	☐ Remove invisible condition (complete Section 1 only)
_____	_____	_____	_____	_____	☐ Add invisible condition
_____	_____	_____	_____	_____	☐ Remove invisible condition (complete Section 1 only)

→ I certify that the changes I am requesting relate to a regular driver or passenger of the vehicle(s).

X _____ Date _____
Signature (owner)

▶ Section 2 – Health Care Certification (licensed physician, physician assistant, nurse practitioner, mental health therapist)

Health care professional's name (print)	License number		
Address	City	State	ZIP Code

Invisible condition(s) exists for: _____.

→ I certify that, in my professional opinion, the person shown above has the following invisible condition(s):

- | | | |
|--|--|---|
| ☐ Alzheimer's disease or dementia | ☐ Diabetes | ☐ Heart condition |
| ☐ Autism spectrum disorder | ☐ Down syndrome | ☐ Post-traumatic stress disorder |
| ☐ Blindness or visual impairment | ☐ Drug allergy | ☐ Schizophrenia |
| ☐ Communication impediment | ☐ Epilepsy | ☐ Traumatic brain injury |
| ☐ Developmental disability | ☐ Hearing loss | |

X _____ Date _____
Signature (health care professional)

▶ Section 3 – Authorization to Release Medical Information

→ I authorize the release of the invisible condition information identified in Section 2. I further authorize the release of this information to the Utah State Tax Commission/Division of Motor Vehicles and anyone who has access to motor vehicle records.

X _____ Date _____
Signature (person with invisible condition(s), or legal representative)