

Emotional Support Animal Recommendation

Paw Credentials — Licensed Professional ESA Certification

Is this a new, renewal? New Renewal 2 placards (Limit 1 replacement placard if lost, stolen, or destroyed during the term of the original placard)

I hereby submit this application to Paw Credentials for an Emotional Support Animal recommendation letter. I understand that this letter is intended to verify my need for an ESA as part of my treatment plan. I understand the ESA recommendation may only be used by me for the purposes of reasonable accommodation under the Fair Housing Act. I understand that any person who knowingly makes a false application for an ESA recommendation, or makes or allows unauthorized use thereof, may be subject to legal penalties and revocation of certification.

Section 1 – Applicant (Patient) Information (Please print or type)

First Name	Middle Name	Last Name	Date of Birth
Mailing Address		City	ST Zip
Driver License/State Identification Card Number		Phone	

NOTICE: I understand that by signing and submitting this form, I am certifying that the information provided is true and accurate. This ESA recommendation is issued in accordance with the Fair Housing Act (42 U.S.C. § 3604) and is intended solely to support a reasonable accommodation request for housing purposes.

Signature of Applicant or Person Responsible for Applicant (required)

Section 2 - Physician

The following section must be completed in full by a physician licensed to practice medicine or surgery, osteopathic medicine, chiropractic, podiatric medicine, or optometry; a licensed physician assistant; or a licensed and certified advanced registered nurse practitioner.

Physician's statement concerning the above-named applicant (patient):

- A. Anxiety disorder E. Bipolar disorder
 B. Major depressive disorder F. Phobia or social anxiety
 C. Post-traumatic stress disorder (PTSD) G. Attention deficit disorder (ADD/ADHD)
 D. Panic disorder H. Other emotional/mental health disability

In your professional opinion, does this patient require an Emotional Support Animal to alleviate symptoms of their condition?

No Yes

Type of placard approved by signing physician (choose one)

- 12-Month ESA Recommendation:
 6-Month ESA Recommendation

I certify that the applicant's (patient's) physical disability described above is accurate, and said diagnosis is within the scope of my practice.

Date	Physician's Name	Physician's License Number		
	Joel Bremer Durinka	# 39713		
Mailing Address	City	ST	Zip	
500 Seneca St Unit 4-22	Buffalo	NY	14204	
Phone	(716) 866-8160	Signature		

Physician must indicate the type of placard and provide all information along with their signature.

FOR SERVICE OKLAHOMA USE

Expiration Date:	Date Issued:	Placard Number:
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Mail completed application to:

Service Oklahoma
Driver License Services - Disability Parking Permits
PO Box 11415
Oklahoma City, OK 73136-0415

If you have any questions, please consult the frequently asked questions (FAQ) found on our website at <https://service.ok.gov> or call 405-425-2693.