

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 | MiddleName | 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):

- | | |
|--|---|
| <input type="checkbox"/> A. Anxiety disorder | <input type="checkbox"/> E. Bipolar disorder |
| <input type="checkbox"/> B. Major depressive disorder | <input type="checkbox"/> F. Phobia or social anxiety |
| <input type="checkbox"/> C. Post-traumatic stress disorder (PTSD) | <input type="checkbox"/> G. Attention deficit disorder (ADD/ADHD) |
| <input type="checkbox"/> D. Panic disorder | <input type="checkbox"/> 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

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 | Signature | | | |
| (716) 866-8160 |  | | | |

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: |
|------------------|--------------|-----------------|

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.

DPS 302DC 002 01/2023