

**Name of Form:**

**Request for Disability Exemption (Permanent)**

**Section Reference:**

**Sections 13.002(i), 63.001(b), 63.0101, Texas Election Code**

**Purpose:**

**To request a permanent exemption in a county from the requirement to present identification other than the voter registration certificate at the time of voting**

**Number of Copies Required:**

**One in the county in which the person is currently registered to vote**

**Completed by:**

**Voter requesting a permanent exemption within their county of registration due to disability.**

**Filing Date:**

**The form may be filed at any point in time by a voter. If the voter cast a provisional ballot then the voter would need to submit the disability exemption request and supporting documentation during the cure period for provisional ballots in order for their ballot to be counted**

**Filed with:**

**The Local County Voter Registrar in the county in which the person is registered to vote.**

**Comments:**

**This form may be used to grant a voter a permanent exemption from showing identification when presenting himself/herself to vote within the county in which the exemption request is filed. The voter will then receive an updated voter registration certificate indicating the voter's exemption status and would be required to present that certificate to the election official when presenting himself/herself to vote. Disability Exemptions are granted on a county by county basis, meaning if the voter moves to a new county and registers to vote in that county, then the voter would need to submit a request for disability exemption to the new county in which the voter is registering.**

**Current form is 08/13.**

# REQUEST FOR DISABILITY EXEMPTION

To the Voter Registrar:

Pursuant to Section 13.002(i) of the Texas Election Code, I hereby request a permanent exemption from the requirement to present identification other than the voter registration certificate at the time of voting on the ground that I have a disability and do not have any of the forms of identification listed in Section 63.0101 of the Texas Election Code. The authorized forms of identification are: **a Driver's license, election certificate, personal identification card or concealed handgun license issued by the Texas Department of Public Safety; United States Military identification card containing the person's photograph; United States citizenship certificate containing the person's photograph; or United States passport**, and with the exception of the United States Citizenship certificate, the identification presented for voter qualification at the polling place must be current or have expired no more than 60 days before it is presented.

I have attached written documentation from the United States Social Security Administration evidencing that I have been determined to have a disability or from the United States Department of Veterans Affairs evidencing that I have at least a 50 percent disability rating. I understand the exemption cannot be granted without this documentation.

|                                       |                     |
|---------------------------------------|---------------------|
| Name                                  |                     |
| Residence Address (number and street) |                     |
| City, State, Zip Code                 |                     |
| VUID Number                           | County of Residence |

I certify that the information in this document and any information attached are true and correct to the best of my knowledge and belief.

Sign Here ► \_\_\_\_\_ Date ► \_\_\_\_\_

|                            |  |
|----------------------------|--|
| <b>For Office Use Only</b> | VUID # _____ Proof of Disability Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                            | Voter Reg. Dept. Signature _____   |
|                            | Date _____   |
|                            | Comments:<br>_____   |

# SOLICITUD DE EXENCIÓN POR MINUSVALIDEZ

Al Registrador de Votantes:

Conforme a la Fracción 13.002(i) del Código Electoral de Texas, por la presente solicito una exención permanente del requisito de presentar identificación aparte del certificado de electoral de votante en el momento de votar ya que tengo una minusvalidez y no tengo las formas de identificación especificadas en la Fracción 63.0101 del Código Electoral de Texas. Las formas de identificación autorizadas son: **una Licencia de Conducir, cédula electoral, tarjeta de identificación personal o licencia para portar una arma de fuego oculta emitida por el Departamento de Seguridad Pública de Texas; cédula de identidad militar de los Estados Unidos con fotografía de la persona; certificado de ciudadanía estadounidense con fotografía de la persona; o pasaporte de los Estados Unidos**, y con la excepción del Certificado de Ciudadanía Estadounidense, la identificación presentada para calificar como votante en el centro electoral deberá estar vigente o no estar vencida más de 60 días al presentarla.

He adjuntado documentación por escrito de parte de la Administración de Seguro Social de los EE.UU. como evidencia que se ha determinado que tengo una minusvalidez o de parte del Departamento de Asuntos Veteranos de EE.UU. dando evidencia de una valoración de discapacidad de 50 por ciento o más. Comprendo que la exención no se puede otorgar sin esta documentación

|  |                       |
|--|-----------------------|
| Nombre                                   |                       |
| Dirección de residencia (número y calle) |                       |
| Ciudad, Estado, Código postal            |                       |
| Número VUID                              | Condado de residencia |

Certifico que la información en este documento y cualquier información adjunta son fidedignas y correctas a mi leal saber y entender.

Firme aquí ► \_\_\_\_\_ Fecha ► \_\_\_\_\_

|                            |  |
|----------------------------|--|
| <b>For Office Use Only</b> | VUID # _____ Proof of Disability Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                            | Voter Reg. Dept. Signature _____   |
|                            | Date _____   |
|                            | Comments: _____  |