



Erie County Sheriff's Office
Erie County Courthouse
Fourth Floor
Erie, Pennsylvania 16501
814-451-6293

TRIAD

APPLICATION FOR DEAF / HARD OF HEARING VISOR PLACARD

Name: _____ Date of Birth: _____

Full Address: _____ Drivers License Number: _____

No PO Box address

Phone () _____ Vision, TTY or Both (circle one)

E-Mail _____

I want my placard to identify me as:

Deaf

Hard of Hearing

Late Deafened

Physician and/or Audiologist: _____

Address: _____

For communication I need:

American Sign Language

Pen/Paper/CART (captioning)

Lip Read & use what hearing I have

Phone: _____

Proof of hearing loss may be required.

I certify that all information provided on this application is true, complete and correct. I understand that if I purposely provide false information I may be subjected to legal action.

RELEASE OF INFORMATION

Erie County, Pennsylvania Sheriff's Office has my permission to verify the above information provided by whatever means necessary in order to make a determination on the application.

Signature: _____ Date: _____

OFFICE USE ONLY

Approved: _____

Denied: _____

Date: _____

Erie County Pennsylvania Sheriff's Office