

# **BIOPTIC DRIVING PROGRAM**

# **APPLICATION**

**KENTUCKY OFFICE OF VOCATIONAL REHABILITATION**

*The Road to Independence*

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**AN EQUAL OPPORTUNITY SERVICE PROVIDER**



**ARE YOU CURRENTLY USING BIOPTICS? YES \_\_\_\_\_ No \_\_\_\_\_**

**IF YES, WHO PRESCRIBED THEM? \_\_\_\_\_**

**DO YOU HAVE A SECONDARY DISABILITY WHICH INTERFERES WITH YOUR ABILITY TO GET IN AND OUT OF A VEHICLE SAFELY? YES \_\_\_\_\_ No \_\_\_\_\_**

**IF YES, PLEASE DESCRIBE THE DISABILITY: \_\_\_\_\_**

\_\_\_\_\_

**I AUTHORIZE RELEASE OF MY MEDICAL, PSYCHOLOGICAL, VISUAL, EDUCATIONAL, AND/OR OTHER PERTINENT INFORMATION THAT WOULD ASSIST IN DETERMINING MY ABILITY TO OPERATE A MOTOR VEHICLE TO THE OFFICE OF VOCATIONAL REHABILITATION, BIOPTIC DRIVING PROGRAM.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**I HEREBY CONSENT TO THE RELEASE OF MY PREVIOUS DRIVING RECORDS IN ANY STATE TO THE KENTUCKY OFFICE OF VOCATIONAL REHABILITATION.**

**I UNDERSTAND THAT FINAL DETERMINATION OF MY ELIGIBILITY TO HOLD A DRIVER'S LICENSE WILL BE MADE BY THE KENTUCKY STATE POLICE. IF I OBTAIN A KENTUCKY DRIVER'S LICENSE I AGREE TO OBTAIN AN ANNUAL VISUAL EXAM IN MY BIRTH MONTH, EACH YEAR AND SEND IT TO THE KENTUCKY BIOPTIC DRIVING PROGRAM. I UNDERSTAND I MUST PAY FOR THIS EXAM. I UNDERSTAND MY DRIVER'S LICENSE IS NOT VALID IF I FAIL TO SEND IN THIS EXAM. I WILL BE REPORTED TO THE KENTUCKY MEDICAL REVIEW BOARD WHO WILL ORDER A SUSPENSION OF MY DRIVER'S LICENSE UNTIL I COMPLY BY SENDING IN A COMPLETED ANNUAL VISUAL EXAM. IF SUSPENDED, I WILL BE RESPONSIBLE FOR PAYING A REINSTATEMENT FEE. I UNDERSTAND THAT MY LICENSE IS INVALID IF I DO NOT WEAR MY BIOPTIC AND THAT I MAY NOT BE COVERED BY AUTO INSURANCE.**

**I UNDERSTAND THAT PARTICIPATION IN THE BIOPTIC DRIVING PROGRAM MAY PRESENT SPECIAL RISK TO ME AND I VOLUNTARILY ASSUME THE RESPONSIBILITY FOR SUCH RISK IN ORDER TO PARTICIPATE IN THIS PROGRAM. AS A RESULT, I RELEASE AND HOLD HARMLESS THE COMMONWEALTH OF KENTUCKY, EDUCATION CABINET, DEPARTMENT FOR WORKFORCE INVESTMENT, OFFICE OF VOCATIONAL REHABILITATION, AND THE BIOPTIC DRIVING PROGRAM AND/OR ANY OF ITS EMPLOYEES, OFFICERS, AND/OR AGENTS.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**PLEASE EMAIL OR MAIL THE COMPLETED APPLICATION TO THE BIOPTIC DRIVING PROGRAM TO ONE OF THE FOLLOWING INSTRUCTORS:**

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333 Waller Avenue, Ste 420  
Lexington, Kentucky 40504  
BrendaK.Eadens@ky.gov**

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