



KENTUCKY TRANSPORTATION CABINET  
Department of Vehicle Regulation  
DIVISION OF DRIVER LICENSING

TC 94-202  
Rev. 12/2024  
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**DRIVER VISION TESTING CERTIFICATION**

**Mail or email forms documenting failure to:**

TRANSPORTATION CABINET  
DIVISION OF DRIVER LICENSING  
200 MERO STREET  
FRANKFORT, KY 40601-1920  
[kytc.ddivision@ky.gov](mailto:kytc.ddivision@ky.gov)  
Phone (502) 564-1257

This form shall be used to report a vision examination conducted for driver vision testing prior to application for persons applying for an initial instruction permit or an initial operator's license, renewal, or reinstatement. A Vision Specialist or a KYTC Credentialed Medical Specialist shall complete this form after any examination requested pursuant to KRS 186.577 and 601 KAR 12:120 and shall submit it directly to the Division of Driver Licensing if the applicant's visual acuity or visual field does not meet the applicable standards. An applicant may submit a completed copy of this form from a passing examination to be eligible for an initial instruction permit or an initial operator's license, renewal, or reinstatement. The applicant may also complete a vision screening at a Driver Licensing Regional Office for renewal, or reinstatement or the Kentucky State Police for an initial operator's license or an initial instruction permit. An applicant may appeal any denial of eligibility below within twenty (20) days of an examination completed by a Vision Specialist.

**SECTION 1: DRIVER/APPLICANT INFORMATION (Please print or type.)**

<b>NAME</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
<b>DRIVER LICENSE NO. or SSN</b>			<b>BIRTHDATE</b>
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>

I hereby attest that the information above is accurate and that the medical professionals conducting my vision testing or completing this form may release this form and the results of any examinations to the Kentucky Transportation Cabinet.

<b>SIGNATURE</b>	<b>DATE</b>
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**SECTION 2: RESULTS OF VISION EXAMINATION BY VISION SPECIALIST OR CREDENTIALLED MEDICAL SPECIALIST**

**VISUAL ACUITY AND VISUAL FIELD**

Pursuant to KRS 186.577 and 601 KAR 12:120, persons whose visual acuity in the person's better eye is 20/40 or better and with a horizontal visual field in the person's better eye of at least thirty (30) degrees to the left and right side of fixation and a vertical visual field in the person's better eye of at least twenty-five (25) degrees above and below fixation shall be eligible to test for an initial instruction permit or an initial operator's license, renewal, or reinstatement.

If a person examined in an initial screening by the Kentucky State Police, the Division of Driver Licensing, or a KYTC Credentialed Medical Specialist fails to meet the applicable visual acuity or visual field standards the person shall be referred to a Vision Specialist for further examination. A person referred to a Vision Specialist whose visual acuity is 20/60 or better in the person's better eye and who meets or exceeds the visual field standard shall be eligible to test for an initial instruction permit or initial operator's license, renewal, or reinstatement. Persons who meet or exceed the visual acuity and visual field standards with corrective lenses shall have their driving privileges restricted to mandate the use of the corrective lenses.

<b>PASS</b>	<input type="checkbox"/> I hereby attest that the applicant <b>DOES</b> meet or exceed the visual acuity standard and visual field standard established by KRS 186.577 and 601 KAR 12:120. <b>(PROVIDE THE ORIGINAL COMPLETED FORM TO THE APPLICANT.)</b>
	<input type="checkbox"/> The driving privileges of the applicant shall be restricted to mandate the use of corrective lenses.
<b>FAIL</b>	<input type="checkbox"/> I hereby attest that the applicant <b>DOES NOT</b> meet the visual acuity standard, or the visual field standard established by KRS 186.577 and 601 KAR 12:120. <b>(PROVIDE THE ORIGINAL COMPLETED FORM TO THE APPLICANT AND MAIL OR EMAIL A COPY TO THE DIVISION OF DRIVER LICENSING ABOVE.)</b>
	<input type="checkbox"/> I am a KYTC Credentialed Medical Specialist and have referred the applicant to a Vision Specialist for further examination.

**SECTION 3: MEDICAL PROFESSIONAL CERTIFICATION AND REPORTING**

<input type="checkbox"/> I am a Vision Specialist licensed to practice optometry pursuant to KRS Chapter 320 or its out-of-state equivalent, or an ophthalmologist who is a medical or osteopathic physician specializing in eye and vision care and licensed pursuant to KRS Chapter 311 or its out-of-state equivalent.	Medical/Optometry Lic. No.:	State:
<input type="checkbox"/> I am a KYTC Credentialed Medical Specialist who is an osteopath, physician, or advanced practice registered nurse credentialed by the Division of Driver Licensing to perform vision testing under KRS 186.577 and 601 KAR 12.120.	KYTC Credential No.:	
This form will only be valid if signed and completed less than twelve (12) months prior to the date of application or renewal.	Date of Examination:	

By signing below, I certify that I have performed a vision examination and that the information in Sections 2 and 3 above is accurate.

<b>NAME</b>	<b>LAST</b>	<b>MI</b>	<b>FIRST</b>
<b>TITLE</b>		<b>ADDRESS</b>	
<b>PHONE</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>SIGNATURE</b>			<b>DATE</b>

**SECTION 4: APPLICANT APPEAL OF DENIAL OF RENEWAL OR REINSTATEMENT (WITHIN TWENTY DAYS)**

<input type="checkbox"/> I appeal the determination made by a <b>Vision Specialist</b> that I am ineligible for an operator's license or instruction permit, renewal, or reinstatement because I <b>DO NOT</b> meet the visual acuity or visual field standard. I must deliver a copy of this completed form within twenty days of the date of the examination by mail, email, or fax to:	MEDICAL REVIEW BOARD 200 MERO STREET FRANKFORT, KY 40601-1920 PHONE (502) 564-1257	<a href="mailto:KYTC.MedicalReviewBoard@ky.gov">KYTC.MedicalReviewBoard@ky.gov</a> FAX (844) 503-4111
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