

**NORTH CAROLINA DIVISION OF MOTOR VEHICLES
CERTIFICATE OF BEHIND-THE-WHEEL BIOPTIC DRIVER TRAINING
FORM DL77-BT**

Applicant Name _____ License/Customer Number _____

Date of Birth _____ Age _____

Parent/Guardian if Minor _____ Telephone Number _____

Signature of Applicant _____ Date _____

INFORMATION:

Visually impaired individuals may be eligible to receive a restricted driver license with the use of a bioptic telescope if they can achieve at least 20/200 visual acuity in one or both eyes through conventional eyeglass lenses (if needed) and at least 20/70 visual acuity in one or both eyes through a bioptic telescope. Individuals must also have a minimum visual field radius of at least 30 degrees nasally and 40 degrees temporally without the use of field expanders and demonstrate satisfactory driving skills with the use of the bioptic telescope. **A current DMV Vision Form (DL77), which is not more than 6 months old, must accompany this certificate.**

1. If the applicant is younger than 18 years of age, has the applicant completed:
 - a. 30 hours of classroom Driver Education instruction ___Yes___ No
 - b. pre-driver readiness ___Yes___ No
 - c. minimum of 10 hours of BTW training with the use of a bioptic telescope by a certified driving instructor (CDI) bioptic trainer ___Yes___ No
2. The applicant has driven safely on local roads. ___Yes___ No
3. The applicant can locate, identify, and respond to signs and signals at appropriate distances. ___Yes___ No
4. The applicant recognizes and responds appropriately to road hazards, traffic, and pedestrians. ___Yes___ No
5. Is the applicant's vision with conventional lenses (if needed) at least 20/200 in one or both eyes and at least 20/70 through the telescope? ___Yes___ No
 - 5a. If yes, has the applicant successfully driven on highways and interstates at appropriate posted speeds? ___Yes___ No
 - 5b. If yes, can the applicant safely enter and exit highways and interstates? ___Yes___ No
6. Does the applicant have 20/40 or better visual acuity through the bioptic in one or both eyes? ___Yes___ No
 - 6a. If yes, has the eyecare provider approved the applicant for night time driving? ___Yes___ No
 - 6b. If yes, has the applicant driven successfully at night-time with their bioptic telescope? ___Yes___ No
7. Do you have any additional concerns regarding this individual's fitness to operate a motor vehicle? ___Yes___ No
If yes, please explain: _____

This is to confirm that the applicant has completed supervised behind-the-wheel driver training and assessment while using a bioptic telescope and shows competence operating a motor vehicle in a safe and responsible manner while using a bioptic telescope.

I hereby certify that the applicant is competent to drive with a bioptic telescope as noted above.

Signature _____ Date _____

Name _____ Degree _____ License # _____

Company/Agency/Program _____

Address _____

Phone _____ Fax _____

Instructions: Fax this completed and signed form to the NC DMV Medical Review Section at (919) 733-9569.