

**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.**