

Application for Seatbelt Exemption

This section is to be completed by the PERSON applying for an exemption

Applicant's should refer to the [Seatbelt Exemption Guidelines](#) before completing this application.

Applicant Details

Title	Mr / Mrs / Ms / Miss (Please Circle)
Applicant's Last Name:	<input type="text"/>
Applicant's Other Names:	<input type="text"/>
Residential Address:	<input type="text"/>
Postcode:	<input type="text"/>
Postal Address:	<input type="text"/>
Postcode:	<input type="text"/>
Telephone Number:	<input type="text"/>
Date of Birth:	<input type="text"/>
Driver Licence Number:	<input type="text"/> (if applicable)

Please advise why you believe the seatbelt exemption should be granted to you (please attach a note if insufficient space below).

Declaration:

(note: to be signed by the applicant/agent or the applicants parent/guardian if the applicant is under 16)

I hereby apply for a seatbelt exemption. In making this application I declare that I have discussed this application with the medical practitioner (who is required to complete the Medical Certificate attached to this application) and am fully aware of the increased risks associated with not wearing a seatbelt when travelling in a motor vehicle, as detailed in Section 1 of the guidelines. I also authorise the Commissioner of Transport to take any action necessary to verify the details of this application.

Applicant's Signature:

Date:

Medical Certificate

This section is for the assessing **DOCTOR** to complete

Medical Practitioners should consult ["Assessing Fitness to Drive" Standards](#), before assessing a

person in relation to seatbelt exemptions.

Doctor's Details

Doctor's Last Name:

Doctor's Other Names:

Telephone Number:

Postal Address:

Postcode:

Which condition, as detailed in the Assessing Fitness to drive Standards, do you consider applies to this applicant:

- Musculoskeletal conditions and deformities:
- Physically disabled:
- Special height and weight conditions:
- Other (Please detail below):

Please supply a detailed description of why the applicant is totally unable to wear a standard seatbelt:

Can the applicant wear a modified seatbelt? Yes No
(If no, please explain):

If you feel the applicant requires further medical examination or assistance please refer to an appropriate Specialist, who must also complete this application form.

DECLARATION:

I declare that I am fully aware of the road safety implications of not wearing a seatbelt as detailed in Section 1 above and do not consider that a modified seatbelt referred to in Section 2 would be suitable for this applicant. I have advised the applicant of the increased risk of injury or death they will face in the event they are involved in a motor vehicle crash. I hereby certify that the above information is true and correct and recommend that the Commissioner of Transport issue this applicant with a seatbelt exemption for the following period of time. I

also give permission for the Commissioner of Transport to take any action necessary to verify the details of this application.

Exemption Period (Max 12 Months):

From:

To:

Signature of Medical Practitioner:

Date:

OFFICE USE ONLY:

Approved / Refused:

Database: Yes No

Assessed by:

Date:

Forward this form to the Commissioner of Transport

Personal Information Protection Statement

Personal information we collect from you for Registration and Licensing processes will be used by the Registrar of Motor Vehicles for that purpose and may be used for other purposes permitted by the *Vehicle and Traffic Act 1999* and associated laws. Your personal information may be disclosed to contractors and agents of the Registrar of Motor Vehicles, law enforcement agencies, the Motor Accident Insurance Board, vehicle manufacturers (safety recalls only), courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.

[Back to Top](#)