

Mandatory Alcohol Interlock Program (MAIP) Exemption Request Form

This form is to be used to apply for an exemption to the MAIP. There are limited exemptions to the MAIP available and may be granted on the grounds of the following:

Hardship

Medical

Work

Islands- Residents of or frequent visitors to islands without a regular ferry service

Supporting documentation is required and exemption application fees apply.*
www.transport.tas.gov.au/fees_forms/registration_licensing/other_driver_licence_fees

(Refer the MAIP –Participant Guide or the website www.transport.tas.gov.au/licensing/offences/interlocks)

How To Apply For An Exemption

STEP 1:	Complete section 1 and 3 of this application
STEP 2:	Gather your supporting evidence as per “Section 2 Supporting Documentation”. If applying for a Medical exemption have a medical practitioner (doctor) complete “Section 4 Medical Certificate”. If applying for a Hardship exemption complete “Section 5 Budget Outline”
STEP 3:	Lodge the completed form, supporting evidence and Exemption Application Fee* at either Service Tasmania or via mail (cheque or card details only) to: GPO Box 1002 Hobart TAS 7001
STEP 4:	You will be advised of the outcome of your application for an exemption via mail

* If offence that triggered the requirement to have an interlock installed occurred before the 31st July 2013 the exemption application fee is waived.

Section I - Application For Exemption

Application Details

Client Number (CIN):

Licence Number:

CIN will be used in all communication with the Registrar you can obtain your CIN from correspondence or by calling 1300 135 513

Family Name:

Given Name(s):

Residential Address:

State:

Post Code:

Daytime Phone Number:

Postal Address:

State:

Post Code:

Tasmanian Registration number:

Registration number of the vehicle that has or will have an Alcohol Interlock device fitted only if applying for a work exemption.

Application's Declaration

I am applying for an exemption for the reason of: (Please tick ALL applicable)

- Work:** I will lose my employment or am unable to perform my work duties with an Alcohol Interlock device fitted in my work/employment vehicle
- Hardship:** I will suffer severe hardship if I participate in the MAIP
- Medical:** I have a medical condition which prevents me from using an alcohol interlock
- Islands:** I am a resident of, or frequent visitor to, King Island or in the Furneaux Group

- I declare that the information I have provided in this form is complete, correct and true in every detail.
- I understand that for my application to be approved, I must provide supporting evidence to the satisfaction of the Registrar of Motor Vehicles (RMV).
- I have completed and understand the MAIP Participation and Privacy Declaration (Section 3) attached to this form.

Applicant's Signature:

Date:

Section 2 - Supporting Documentation

To support your application for an exemption you will be required to provide evidence to support your exemption. Refer to the type of exemption you are applying for (you can apply for more than one) below:

Hardship

Completed budget to outline financial hardship (section 5) and the relevant evidence below

Physical Impossibility of Fitting Interlock

- A letter from the provider stating that it is not possible to fit an interlock to your vehicle,
- Written evidence addressing the following where applicable:
 - The vehicle in question is the only vehicle reasonably available for you to drive,
 - No alternative means of transport, including public transport, is reasonably available to the applicant,
 - You or any member of your family or household do not have a vehicle available that can be fitted with an interlock,
 - Participation in the MAIP will cause severe hardship.

Family member unable to operate due to medical condition

- Written evidence addressing the following where applicable:
 - You have a family member that cannot operate an interlock due to a physical or mental condition,
 - Only one vehicle is reasonably available for the person and person's family member to drive,
 - No alternative means of transport, including public transport, is reasonably available to the person or that family member,
 - Participation in the MAIP will cause severe hardship,
- Written evidence from a registered medical practitioner that the family member is unable to operate an interlock due to a physical/mental condition.

Licence required for work but no private vehicle available

Written evidence addressing the following where applicable:

- You are required to drive a motor vehicle for work purposes to or from your place of work and/or during the course of your work; and
 - Your employer, or the owner or operator of the vehicle if different from your employer, is unwilling or unable to fit an alcohol interlock and that your employer (or owner or operator) agrees for you to operate the work vehicle without an alcohol interlock fitted; or
 - You are self-employed and unable to fit an alcohol interlock in the circumstances;
 - If self-employed, also provide written evidence of:
 - Who is required to drive the vehicle or vehicles used for work purposes
 - Why it is not reasonable to fit an alcohol interlock to the vehicle(s); and
- You are not eligible for a work related exemption because you do not have another vehicle available for to nominate for the installation of an interlock

Please note – if you have more than one employer, evidence must be provided from all applicable employers.

Severe Hardship to Applicant

Written evidence addressing the following where applicable:

- Identifying other persons in household and attesting to fact that these persons do not hold a valid driver licence,
- That no alternative means of transport, including public transport, is reasonably available to you and your family,
- That participation in the MAIP will cause severe hardship to you or your family; for example inability to participate in education, paid work (including seeking paid work), volunteer work and family duties and commitments.
- Evidence of income and expenses or possession of a valid, current Pensioner Concession Card.

Medical

To support your application for an exemption to the MAIP, a specialist relevant to your medical condition must complete the Medical certificate (Section 4) and state why you are totally unable to use and alcohol interlock device.

Section 2 - Supporting Documentation (continued)

Work

- In Section I of this application you must provide the Tasmanian Registration Number of the vehicle that has or will have an Interlock device fitted.
- Written evidence addressing the following where applicable:
- You are required to drive a motor vehicle for work purposes to or from your place of work and/or during the course of your work; and
 - Your employer, or the owner or operator of the vehicle if different from your employer, is unwilling or unable to fit an alcohol interlock and that your employer (or owner or operator) agrees for you to operate the work vehicle without an alcohol interlock fitted; or
 - You are self-employed and unable to fit an alcohol interlock in the circumstances;
 - If self-employed, also provide written evidence of:
 - Who is required to drive the vehicle or vehicles used for work purposes
 - Why it is not reasonable to fit an alcohol interlock to the vehicle(s)

Please note – where an applicant has more than one employer, evidence must be provided from all applicable employers.

Islands

King Island or Furneaux Group residents and visitors

For residents

Attach to this form evidence of your residential address which is dated within 6 months unless otherwise stated of the date of this application.

The evidence may be:

- Financial Institution Statement
- Council Rates Notice
- Land Tax Valuation Notice
- Certificate of Title
- Utility Account with evidence of payment (e.g. power, water, phone, gas)
- Lease/Rent Agreement
- Australian Taxation Office Assessment (current or last financial year)

For frequent visitors

Provide written evidence of:

- The frequency of your visits to the island
- The purpose of the visits
- Which vehicle you are using while visiting the island

Section 3 - MAIP Exemption and Privacy Declaration

Step 1:	Read carefully the Requirements when granted an Exemption to the MAIP. More detailed information for the process to apply for an exemption to the MAIP and supporting documentary evidence is available from the Registrar.
Step 2:	Read carefully the Requirements for Disclosure of your personal information associated with your application for an exemption to the MAIP. Authorised officers of the Department of State Growth will have access to all relevant information required to support your application.

Requirements when granted an Exemption

1. I must not drive a motor vehicle with alcohol in my system – any exemption to the MAIP will be accompanied by a Zero BAC condition for the life of the Exemption.
2. I must carry a copy of the Exemption with me in any vehicle I drive.
3. I must show my Exemption in addition to my driver licence if requested to do so by a police officer.
4. My Exemption will expire on the date shown, however will end if my licence is cancelled or surrendered, or the RMV cancels my exemption early.

Requirements for Disclosure

MAIP Personal Information Protective Statement

I declare that the information provided by me is true and correct. I understand that this information is collected to allow administration of the Mandatory Alcohol Interlock Program.

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, including the Approved Suppliers identified on this MAIP Exemption Form, the agents of the Registrar of Motor Vehicles, law enforcement agencies, the Motor Accidents 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.

Declaration

I elect to apply for an exemption to the Mandatory Alcohol Interlock Program and understand the requirements for an exemption to the MAIP and the disclosure of my personal information.

Full Name:

Applicant's Signature:

Date:

Section 4 - Medical Certificate (Required for medical exemption only)

To support your application for an exemption to the MAIP a specialist relevant to your medical condition must complete the following medical certificate and state why you are totally unable to use an alcohol interlock device.

Medical Certificate

Medical certificates that are not completed below will not be accepted by the RMV.

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

Doctor's name:

Phone Number:

Postal Address:

State:

Post Code:

Please supply a detailed description of why the applicant is:

a) Fit to drive a motor vehicle

b) totally unable to use an alcohol interlock device:

Declaration

I hereby certify that the above information is true and correct and recommend that the Registrar of Motor Vehicles issue this applicant with an exemption to the Mandatory Alcohol Interlock Program. I also give permission for the Registrar of Motor Vehicles to take any action necessary to verify the details of this application.

Signature:

Date:

Department of State Growth, GPO Box 1002, Hobart, Tasmania, 7001

Telephone: 1300 135 513 Website: www.transport.tas.gov.au

Section 5 - Budget to outline financial hardship (hardship exemption only)

Income	Per fortnight	Annual
Your Income		
Child Support payments		
Centrelink benefits		
Investment returns		
Other (please specify)		
Total Income	\$	\$

Expenses Per fortnight Annual	Per fortnight	Annual
Rent/Mortgage		
Loan repayments		
Credit Card repayments		
Rates		
Water		
Electricity		
Phone/Internet		
Child Care		
School Fees		
Food/Groceries		
Insurance		
Vehicle Expenses		
Other dependant expenses (please specify)		
Other expenses (please specify)		
Total Expenses:	\$	\$

Total income minus expenses:	\$	\$
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