

Section 4: Vehicle Information

List vehicle(s) for which this exemption certificate has been requested. (Attach additional sheets if necessary)

Vehicle #1 - Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour
Vehicle #2 - Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour

Declaration of Applicant:

I, _____, hereby declare that the information provided
Name of Applicant/Registered Owner
above is true and correct and hereby apply for an exemption certificate on the grounds stated herein.

Signature of Applicant/Registered Owner

Date (DD/MM/YYYY)

N.B: (1) It is an offence under section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50 to give any particulars which are not correct and you will be liable to prosecution if you do so.

(2) Application must be supported by documents as proof of address such as a recent Utility Bill or in the case of a rental, a copy of the Lease/Rental Agreement for the rental premises identified and bearing the name of the Applicant. If the utility bill or Lease/Rental Agreement is not in the Applicant’s name, a letter from the owner confirming the Applicant’s residence and copy of the owner’s national identification (ID) MUST be submitted.

(3) If the Applicant is a Company, the application must be supported by Company validation documents such as a copy of the company/business registration certificates and/or Notice of Directors.

(4) Application must be supported by a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 4 of this application and the previous exemption certificate issued (if applicable).



For Official Use Only:

Supporting documentation provided:

- _____
- _____
- _____
- _____

Application:

☐ Approved _____
No. of Vehicles

☐ Denied _____
No. of Vehicles

Term of Exemption: TWO (2) YEARS

Date of Issue: _____ Expiration Date: _____

Exemption Details:

Permissible Visible Light Transmittance of Front Windscreen AGB _____ % and Windows _____ %
on vehicle(s) to which the application applies.

Requirements: Dual external rear vision side mirrors YES ☐ NO ☐ Other: _____

Transport Commissioner

Date (DD/MM/YYYY)