

Section 3: 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

Is this your first application: Yes ☐ No ☐ If NO, state the Vehicle Registration Number: _____

Declaration of Applicant:

I, _____, hereby declare that (i) the vehicle will be in regular use
Name of Applicant/Registered Owner
by the applicant ☐ / registered owner ☐ for the purpose of regularly transporting a person, who is suffering from a medical condition and must be shielded from exposure to sunlight while travelling in a vehicle, and (ii) the information provided on this form is true and correct.

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) **Section 4 (page 3)** of this application form must be completed by a medical practitioner who is a Registered Medical Specialist in the Medical Specialist Register under the **Medical Board Act, Chap. 29:50**.
(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).



This section must be completed by a medical practitioner who is a Registered Medical Specialist in the Medical Specialist Register under the Medical Board Act, Chap. 29:50

Applicant I.D. / D.P. / PASSPORT # : _____

(DD/MM/YYYY)

- ☐ albinism;
- ☐ chronic actinic dermatitis/actinic reticuloid;
- ☐ dermatomyositis;
- ☐ lupus erythematosus;
- ☐ porphyria.
- ☐ xeroderma (pigmentosa) pigmentosum;
- ☐ severe drug photosensitivity, provided that the course of treatment causing the photosensitivity is expected to be of prolonged duration;
- ☐ photophobia associated with an ophthalmic or neurological disorder; or
- ☐ any other condition or disorder causing severe photosensitivity which renders the patient susceptible to harm or injury from exposure to sunlight and the patient is required for medical reasons to be shielded from the direct rays of the sun:

Registered Qualification(s) and Registration Number(s) of Medical Practitioner: _____

Office Address (Town/City): _____

I declare that to the best of my knowledge and belief the information given by me is true and correct. I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of two thousand dollars in accordance with **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50.**

Medical Practitioner's Stamp

For Official Use Only:

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Term of Exemption – Two (2) years from date of issue.

Permissible Visible Light Transmittance of Front Windscreen AGB _____ % and Windows _____ %
on vehicle(s) listed above.

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

Date of Issue: _____ Expiration Date: _____

Transport Commissioner

Date (DD/MM/YYYY)