

**MAINE BUREAU OF MOTOR VEHICLES  
APPLICATION FOR SEAT BELT EXEMPTION**

New Application     Re-Application     Replacement

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

**Applicant's Statement of Understanding:**

This removable windshield placard is designed to hang from the rearview mirror when the vehicle is in motion without obstructing the view of the operator. If the vehicle is not equipped with a rearview mirror, the placard must be displayed on the dashboard. A placard issued to a person expires when the medical provider's certificate expires, which may not exceed 6 years.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Provider's Statement:**

This seatbelt exemption should expire on \_\_\_\_\_ (may not exceed 6 years).

This patient has a medical condition that warrants an exemption from the requirements of having to wear a seatbelt while riding in or operating a motor vehicle.

The patient's specific condition is:  
\_\_\_\_\_  
\_\_\_\_\_

Wearing a seatbelt is a risk for this patient because:  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Provider:**  Physician     Physician's Assistant     Nurse Practitioner     Registered Nurse

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Medical License #: \_\_\_\_\_  
\_\_\_\_\_

**Completed forms may be mailed/faxed to:**      **Bureau of Motor Vehicles  
Disability Clerk  
29 State House Station  
Augusta, ME 04333  
Fax: (207) 624-9204**

**BMV Use Only**

Placard #: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Returned #: \_\_\_\_\_

Replaced #: \_\_\_\_\_

Issued By: \_\_\_\_\_

Entered: \_\_\_\_\_