

**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 #: _____

Phone #: _____

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: _____