



Exemption from Wearing a Seatbelt Certificate

Transport Operations (Road Use Management—Road Rules) Regulation 2009



Important information for the certificate holder

- The driver** of a vehicle fitted with seatbelts **must carry this certificate** and show it to a police officer, if requested.
- You may also register a copy of this certificate with us:
 - Online at qld.gov.au/SeatbeltExemptions
 - By email to seatbeltexemptions@tmr.qld.gov.au
 - By post to PO Box 645, TOOWOOMBA QLD 4350
 - In person at a Transport and Main Roads customer service centre.

Certificate holder's details (please print)

Family name		Given name/s	
<input type="text"/>		<input type="text"/>	
Residential address			
<input type="text"/>		State/Territory	Postcode
Driver licence/reference number (if you have one)		State/Territory/Country (if licence issued)	Date of birth
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email address		Telephone number	
<input type="text"/>		<input type="text"/>	
Certificate holder's signature		Date	
<input type="text"/>		<input type="text"/>	

Important information for the doctor

A doctor must complete this form to certify that the person, whose details appear above, should not wear a seatbelt because of their medical condition or disability. This medical condition assessment must be conducted in accordance with the national medical standards set out in the Austroads *Assessing fitness to drive for commercial and private vehicle drivers* publication.

Doctor's certification and details (please print)

I, a doctor registered in the state/territory of having this day examined the person, whose details appear above, certify that in my opinion, this person should not wear a seatbelt due to a medical condition/disability for the following period (**of not more than 12 months**) and must comply with any conditions I have stated. (See page 2 for conditions)

From (Issue date)	To (Expiry date)	Doctor's stamp
<input type="text"/>	<input type="text"/>	
Doctor's signature	Date	<input type="text"/>
<input type="text"/>	<input type="text"/>	

Doctor's business address		State/Territory	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email address		Telephone number	
<input type="text"/>		<input type="text"/>	

Certificate conditions (please print)

Privacy statement: The Department of Transport and Main Roads (the department) provides this certificate under the *Transport Operations (Road Use Management—Road Rules) Regulation* to allow a doctor to certify that the person named as the certificate holder should not wear a seatbelt due to a medical condition or disability. This certificate must be produced to a police officer by the driver upon request, to support the exemption. If you, or a third party with your consent, provide this certificate to the department, your contact details may be used by the department to contact you about this exemption where required. This information will not be further used or disclosed to a third party without your consent unless authorised or required to by law.

Phone & Seatbelt Cameras are live.



Register your certificate with us now.

