

## Exemption Application Form

**Exemption, on the medical grounds, from the duties to assist wheelchair passengers in accordance with Section 165 of the Equality Act 2010**

Name .....

Home Address .....

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..... Post Code.....

Telephone Number..... Date of Birth .....

Hackney Carriage/Private Hire Driver Licence Number.....

Make and Model of Wheelchair accessible vehicle(s).....

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Registration Number(s) .....

Hackney/Private Hire Vehicle Licence number(s).....

Please state the medical reason why you are applying for an exemption .....

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This will need to be verified by a medical practitioner. Are you willing to undergo a medical in connection with this application? \*Yes/No (\*delete as applicable)

Do you consent to relevant medical information being released to the authority? \*Yes/No

Medical Practitioner's Name.....  
(Please note this must be your registered GP)

Address .....

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..... Phone Number.....

If you are seeing a specialist for your condition please give details

Specialist's Name .....

Address .....

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..... Phone Number .....

Are you applying for \*Lifetime exemption/Temporary exemption

If temporary please state the period for which you would want the exemption to last

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Signature ..... Date .....

Please note: It is an offence by failing to comply with a duty imposed on a driver in relation to disabled persons who are in wheelchairs unless you hold an exemption certificate. You could be liable upon conviction of a fine up to £1000.