

REQUEST FOR EXEMPTION FROM USE OF A SAFETY RESTRAINT SYSTEM

APPLICANT'S NAME	SEX	DATE OF BIRTH	OFFICE USE ONLY
STREET ADDRESS		CITY	STATE ZIP CODE
OREGON DRIVER LICENSE NUMBER	LICENSE TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> CM <input type="checkbox"/> C	OREGON ID CARD NUMBER	OFFICE USE ONLY

The attending physician shall state the reason why the use of a safety restraint system would be harmful to the named applicant while riding in or driving a motor vehicle. (ORS 811.220)
 (PLEASE PRINT CLEARLY OR TYPE)
 The attending physician's statement of the applicant's condition (diagnosis) is:

The attending physician's justification for exemption is:

For the reason stated above the exemption from the use of a; SHOULDER BELT LAP BELT
 SEAT BELT SYSTEM CHILD RESTRAINT SYSTEM SAFETY HARNESS SYSTEM should be:
 PERMANENT
 TEMPORARY UNTIL _____

It is a crime under ORS 162.085 to certify the truth of a statement when you know the statement is not true. Such a crime is punishable by a jail sentence of up to six months, a fine of \$1000 or both.

PHYSICIAN'S NAME	TELEPHONE NUMBER	TYPE OF PHYSICIAN	PHYSICIAN'S LICENSE NO.
PHYSICIAN'S ADDRESS		CITY	STATE ZIP CODE
PHYSICIAN'S SIGNATURE		DATE SIGNED	

SAFETY RESTRAINT SYSTEM EXEMPTION INFORMATION

Oregon's mandatory safety belt law provides for a medical exemption from safety restraint device use for a person who has been issued a certificate of exemption by Transportation Safety Section of the Oregon Department of Transportation.

Granting an exemption will be considered if a completed and signed Request For Exemption of a Safety Restraint System, Form 6652 is received. The form must be completed as follows:

By the applicant:

- Full name, address, sex, date of birth, Oregon driver license number or Oregon ID card number of the applicant.

By the attending physician:

- The applicants physical condition, medical problem or body size (diagnosis) must be explained;
- The reasons why use of a safety belt, child safety system or child safety harness would be impractical or harmful to the person must be explained;
- Whether the exemption should be temporary or permanent;
- Physician's printed (or typed) name, address, type of physician, physician's license number, telephone number and date signed; and
- **Place completed exemption form in a sealed envelope.**

Physician must be licensed in Oregon and treating the applicant for the stated condition.

Incomplete requests will be returned.

Send completed requests to:

Safety Belt Exemption Coordinator
ODOT Transportation Safety Division
235 Union Street NE
Salem, Oregon 97301-1054