

## **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



# 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	