



Exemption From Alcohol Interlock Scheme

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

As an Alcohol Offender you may be exempt from participating in the Alcohol Interlock Scheme. This exemption will only be approved where the Chief Executive Officer (CEO) of the Department of Transport (DoT) is satisfied that you meet the distance or medical criteria.

Your personal driver's licence information, photograph, and vehicle licence information may be used, or disclosed to a third party, where authorised under 'road law' (as defined in the *Road Traffic (Administration) Act 2008*), or Commonwealth law or in compliance with a Court Order issued within Australia. Your personal details may also be disclosed to other driver licensing authorities to assess your application or verify any information you have provided.

PERSONAL DETAILS

FAMILY NAME/COMPANY NAME

FIRST NAME/S

DATE OF BIRTH

 / /

DRIVER'S LICENCE

RESIDENTIAL ADDRESS

SUBURB

STATE **W A**

POST CODE

CONTACT PHONE

MOBILE PHONE

EMAIL ADDRESS

REASON FOR APPLICATION

I reside in a place that is more than 150 kilometres from any Accredited Service Provider Location.

(An exemption based on distance will only be approved when the CEO is satisfied that the applicant resides in a place that is more than 150 kilometres from any Accredited Service Provider Location.)

EVIDENCE OF YOUR NEW RESIDENTIAL ADDRESS MUST BE PROVIDED (e.g. utility bill/statement)

I suffer from a medical condition that prevents me from operating an approved alcohol interlock

(An exemption based on medical grounds will only be approved when the CEO is satisfied that the applicant suffers from a medical condition that would prevent the person from operating an approved alcohol interlock.)

EVIDENCE MUST BE PROVIDED (refer to Medical Exemption)

I declare that the information on this form is true and correct. I understand that under the provisions of the *Road Traffic (Administration) Act 2008*, it is an offence to provide false or misleading information.

SIGNATURE

DATE

DISTANCE EXEMPTION

If your address details have not previously been updated with DoT please complete the below change of address

RESIDENTIAL ADDRESS

SUBURB

STATE **W A**

POST CODE

POSTAL ADDRESS

SUBURB

STATE **W A**

POST CODE

MEDICAL EXEMPTION

This section of the form must be completed by a medical practitioner.

Are you familiar with the applicant's medical history prior to this examination? Yes No

I have attended to this applicant Professionally since Month / Year

To comply with WA's Alcohol Interlock Scheme one litre of breath is required to operate an interlock. Please provide details of the medical condition which prevents the applicant from operating an approved alcohol interlock.

Please provide supporting information if required

In my opinion there is sufficient medical evidence to recommend that the applicant should be granted an exemption from using an approved alcohol interlock device Yes No

Has the applicant been referred to a specialist regarding this condition? (If yes, please provide supporting documentation such as reports) Yes No

Does this medical condition impair their ability to control a motor vehicle? If yes please complete medical assessment form (M107A) and submit to driverservices@transport.wa.gov.au Yes No

MEDICAL PRACTITIONER NAME

SIGNATURE

DATE OF EXAMINATION

 / /

DATE OF REPORT

 / /

TELEPHONE

EMAIL ADDRESS

PRACTICE STAMP (MUST BE PROVIDED TO VERIFY AUTHENTICITY)

Please forward the completed form and relevant evidence to Driver Suitability Services by email at dssai@transport.wa.gov.au or post to GPO Box R1290, Perth WA 6844