

Exemption, on medical grounds from the duties placed on taxi /private hire vehicle drivers by Section 37 and 37A of the Disability Discrimination Act 1995

APPLICATION FORM

Name	_____	Type of vehicle driven (please tick)	
Date of Birth	_____	Taxi with a fixed partition between driver and passenger compartment	☐
Taxi Drivers Licence No.	_____		
Home Address	_____	Taxi without a fixed partition between driver and passenger compartment	☐

	_____	If driving a single vehicle, please enter the Registration Number:	
	_____	_____	
Telephone No.	_____		

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

Please supply a letter from your GP to confirm your medical condition and how you are affected.

Are you willing to undergo a medical in connection with this application? (Please tick)

Yes

☐

No

☐

GP's Name: _____

Address: _____

GP's

Telephone No. _____

Are you applying for a:

Lifetime exemption

☐

Temporary exemption

☐

If 'Temporary' please state the period for which you would want the exemption to last:

Signature: _____ Date: _____

Please send completed application form to:

DVA Passenger Transport Licensing Division,
County Hall, Castlerock Road,
Waterside, Coleraine, BT51 3HS



Department for

Infrastructure

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