

Mandatory Alcohol Interlock Program (MAIP)
 Severe Hardship Exemption Application Form
 Department of State Growth



If you require assistance to complete this form, please contact your local Libraries Tasmania office, or your Driver Licensing Unit Case Manager on 1300 135 513.

How to Apply for the MAIP	
Step 1	Complete sections 1, 2 and 3 of this form.
Step 2	Provide the supporting information appropriate to the exemption type as listed in sections 4, 5, 6 or 7.
Step 3	Hand the form in at any Service Tasmania, email to dlu@stategrowth.tas.gov.au , or mail to: Driver Licensing Unit, GPO Box 1002, Hobart, TAS, 7001. The lodgement application fee must be paid before your application can be assessed.

Section 1: Your Details			
Client ID		Licence Number	
Family Name		Given Name	
Residential Address			
Daytime Phone Number		Email Address	

Section 2: Exemption Type			
Tick	Type	Description	Additional Information
	Type A	No suitable vehicle.	Section 4
	Type B	Family member medical condition.	Section 5
	Type C	Work exemption but no other suitable vehicle for interlock.	Section 6
	Type D	Severe hardship.	Section 7
	Type E	Severe financial hardship	Section 8 Attachment A

Section 3: MAIP Exemption & Privacy Declaration

Requirements when granted an Exemption

1. I must not drive a motor vehicle with alcohol in my system – any exemption to the MAIP will be accompanied by a Zero BAC condition for the life of the Exemption.
2. I must carry a copy of the Exemption with me in any vehicle I drive at all times.
3. I must show my Exemption Certificate in addition to my driver licence if requested to do so by a police officer.
4. My Exemption will expire on the date shown, however will end if my licence is cancelled or surrendered, or the Registrar of Motor Vehicles cancels my exemption early.

Requirements for Disclosure

MAIP Personal Information Protective Statement

I declare that the information provided by me is true and correct. I understand that this information is collected to allow administration of the Mandatory Alcohol Interlock Program.

Personal information we collect from you for Registration and Licensing processes will be used by the Registrar of Motor Vehicles for that purpose and may be used for other purposes permitted by the *Vehicle and Traffic Act 1999* and associated laws.

Your personal information may be disclosed to contractors, including the Approved Suppliers identified on this MAIP Exemption Application Form, the agents of the Registrar of Motor Vehicles, law enforcement agencies, the Motor Accidents Insurance Board, vehicle manufacturers (safety recalls only), courts and other public sector bodies or organisations authorised to collect it.

This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.

Declaration

- I declare that the information I have provided in this form is complete, correct and true in every detail.
- I understand that for my application to be approved, I must provide supporting evidence to the satisfaction of the Registrar of Motor Vehicles.
- I have read and understood the Requirements when granted an Exemption and Requirements for Discloser and elect to apply for an exemption to the Mandatory Alcohol Interlock Program.

Signature		Date	
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Section 4: Exemption Type A – No Suitable Vehicle

Description	This exemption type applies to you when you have no access to a suitable vehicle in which to fit an approved interlock.
Supporting Evidence	<ul style="list-style-type: none"> • A signed, written statement from you that includes: <ul style="list-style-type: none"> ○ whether any other members of your household have a driver licence ○ a list of all vehicles in the household and who drives those vehicles ○ an explanation of why an approved interlock cannot be fitted into any of those vehicles so that you can complete the program <ul style="list-style-type: none"> - this may include a letter from an approved provider that a vehicle is not suitable to have an approved interlock fitted ○ whether there is any other transport available to your household (including public transport). • Any other information that you think may support your claim.

Section 5: Exemption Type B – Family Member Medical Condition

Description	<p>This exemption type applies to you when:</p> <ul style="list-style-type: none"> • a member of your family has a serious medical condition <i>and</i> having an approved interlock installed in your vehicle would have a significant impact on the ability to manage the medical condition; OR • a member of your family has a medical condition which prevents them from being able to use an alcohol interlock <i>and</i> there is no other suitable means of transport available (which includes an alternative vehicle in the household).
Supporting Evidence	<ul style="list-style-type: none"> • A signed, written statement from you that includes: <ul style="list-style-type: none"> ○ that you have a family member with a serious medical condition ○ the name of the family member(s) with the serious medical condition ○ whether any other members of your household have a driver licence ○ a list of all vehicles in the household and who drives those vehicles ○ an explanation of why an approved interlock cannot be fitted into any of those vehicles so that you can complete the program <ul style="list-style-type: none"> - this may include a letter from an approved provider that a vehicle is not suitable to have an approved interlock fitted ○ Whether there is any other transport available to your household (including public transport). • A signed letter from the family member's doctor stating either: <ul style="list-style-type: none"> ○ that the family member's medical condition means that the family member is unable to use an approved interlock; or ○ that the family member's medical condition is such that having an approved interlock installed in your vehicle would have a significant impact on the ability to manage the medical condition. • Any other information that you think may support your claim.

Section 6: Exemption Type C – Work Exemption, No Private Vehicle

Description	This exemption type applies to you if you want a Work Exemption but you do not have another vehicle in which to install an approved interlock.
Supporting Evidence	<ul style="list-style-type: none"> • A signed, written statement from you that includes: <ul style="list-style-type: none"> ○ whether any other members of your household have a driver licence ○ a list of all vehicles in the household and who drives those vehicles ○ an explanation of why an approved interlock cannot be fitted into any of those vehicles so that you can complete the program ○ this may include a letter from an approved provider that a vehicle is not suitable to have an approved interlock fitted ○ whether there is any other transport available to your household (including public transport). • If you are self-employed, include in your written statement: <ul style="list-style-type: none"> ○ that you are self-employed ○ if other people must drive the vehicle as part of your work: <ul style="list-style-type: none"> - list those people and explain why they must use your vehicle ○ why you are unable to fit an alcohol interlock to your work vehicle <ul style="list-style-type: none"> - this may include a letter from an approved provider that a vehicle is not suitable to have an approved interlock fitted. • If you are not self-employed: <ul style="list-style-type: none"> ○ in your written statement, list each employer who needs you to drive ○ attach a written statement from each employer (on their letterhead) stating that: <ul style="list-style-type: none"> - you are required to drive a motor vehicle for the purpose(s) of work - the employer, or the owner/operator of the vehicle, is unwilling or unable to fit an alcohol interlock to the work vehicles - the employer agrees for you to operate the work vehicle without an alcohol interlock fitted. • Any other information that you think may support your claim.

Section 7: Exemption Type D – Severe Hardship

Description	This exemption type applies to you when the obligation to drive only a vehicle fitted with an approved interlock will create a severe hardship (not financial) for you or some other person.
Supporting Evidence	<ul style="list-style-type: none"> • A signed, written statement explaining: <ul style="list-style-type: none"> ○ who will suffer severe hardship ○ how they will suffer severe hardship (for example, won't be able to participate in education, paid work (including seeking paid work), volunteer work and family duties or commitments) ○ whether any other members of your household have a driver licence ○ a list of all vehicles in the household and who drives those vehicles ○ an explanation of why an approved interlock cannot be fitted into any of those vehicles so that you can complete the program <ul style="list-style-type: none"> - this may include a letter from an approved provider that a vehicle is not suitable to have an approved interlock fitted ○ whether there is any other transport available to your household (including public transport). • Any other information that you think may support your claim.

Section 8: Exemption Type E – Severe Financial Hardship

Description	This exemption type applies to you when the obligation to have an approved interlock installed in a vehicle will create a severe financial hardship for you or some other person.
Definition	A person is considered to experience severe hardship when their income is less than their essential expenses.
Supporting Evidence	<ul style="list-style-type: none"> • A signed, written statement explaining: <ul style="list-style-type: none"> ○ who will suffer severe financial hardship ○ how they will suffer severe financial hardship (for example, won't be able to participate in education, paid work (including seeking paid work), volunteer work and family duties or commitments) ○ whether any other members of your household have a driver licence ○ a list of all vehicles in the household and who drives those vehicles ○ an explanation of why an approved interlock cannot be fitted into any of those vehicles so that you can complete the program <ul style="list-style-type: none"> - this may include a letter from an approved provider that a vehicle is not suitable to have an approved interlock fitted ○ whether there is any other transport available to your household (including public transport). • If you are a person who will suffer severe financial hardship: <ul style="list-style-type: none"> ○ attach a completed Fortnightly Budget Form (Attachment A) ○ attach information supporting the claims in the Fortnightly Budget Form as described in the form. • If another person is identified as a person who will suffer severe financial hardship: <ul style="list-style-type: none"> ○ attach a statement signed by that person explaining how they will suffer severe financial hardship. • Any other information that you think may support your claim.
Note	<p>When applying for a severe financial hardship exemption, you may be referred by your Case Manager to Anglicare Tas for further assessment and financial counselling.</p> <p>If this is the case, you will be contacted directly by your Case Manager. Please note this may increase the time it takes to assess your application.</p> <p>Further information regarding financial counselling is available by calling the National Debt Helpline on 1800 007 007 or by emailing AFCSintake@anglicare-tas.org.au</p>

Use this space to provide supporting information. Attach other pages if needed.

Signature		Date	
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Attachment A: MAIP Fortnightly Budget Form

Name:		Licence Number:	
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Debts

<i>Creditor</i>	<i>Balance Owed</i>	<i>Contracted Repayment</i>	<i>Actual Repayment</i>	<i>Your Share</i>	<i>Partner's Share</i>	<i>Term Remaining</i>
	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			

Dependents

<i>Name</i>	<i>Age</i>	<i>Name</i>	<i>Age</i>

Expenses

<i>Category</i>	<i>Source</i>	<i>Amount</i>	<i>Your Share</i>	<i>Partner's Share</i>	<i>Supporting Information Needed</i>
Housing	Mortgage / Rent	\$			<i>Proof</i>
	Home Insurance	\$			<i>Copy of policy</i>
	Contents Insurance	\$			<i>Copy of policy</i>
	Rates	\$			<i>Copy of rates notice</i>
	Maintenance / Repairs	\$			
	Other Housing Expenses	\$			<i>Details</i>
	Total	\$			
Utilities	Electricity	\$			<i>Copy of bill</i>
	Gas	\$			<i>Copy of bill</i>
	Oil	\$			<i>Copy of bill</i>
	Wood	\$			
	Telephone	\$			<i>Copy of bill</i>
	Internet	\$			<i>Copy of bill</i>
	Other	\$			<i>Accounts</i>
	Total	\$			

Attachment A: MAIP Fortnightly Budget Form

Name:		Licence Number:	
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Food	Groceries/Fruit/Veg	\$			
	Meat	\$			
	Bread/Milk	\$			
	Takeaways	\$			
	Total	\$			
Pets	Pet Food	\$			
	Vet Fees	\$			
	Total	\$			
Medical	Doctor	\$			<i>Description</i>
	Dentist	\$			<i>Description</i>
	Optical	\$			<i>Description</i>
	Health Insurance	\$			<i>Copy of policy</i>
	Chemist/Medications	\$			<i>Description</i>
	Other Medical Expenses	\$			<i>Description</i>
	Total	\$			
Transport	Driver Licence	\$			
	Car Registrations	\$			<i>Registration number(s)</i>
	Car Insurance(s)	\$			<i>Copy of policies</i>
	Petrol/Oil	\$			
	Service/Maintenance	\$			
	Parking	\$			<i>Explanation</i>
	Bus Fare	\$			<i>Explanation</i>
	Taxi Fare	\$			<i>Explanation</i>
	Total	\$			
Children / Education	School Fees/Books				<i>Explanation</i>
	Child Care				<i>Receipts</i>
	Pocket Money				
	Sports Fees				<i>Explanation</i>
	Uniforms/Bags etc				
	Total	\$			

Attachment A: MAIP Fortnightly Budget Form

Name:		Licence Number:	
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Personal Expenses	Life Insurance/Super	\$			<i>Policy</i>
	Clothing	\$			
	Haircuts	\$			
	Spending Money	\$			
	Donations	\$			
	Savings	\$			
	Membership Fees	\$			<i>Explanation</i>
	Total	\$			
Recreation	Paper/magazine subscriptions	\$			<i>Description</i>
	Cigarettes	\$			
	Alcohol	\$			
	Gambling/Lotto/Scratchies	\$			
	Movies/Internet/Pay TV	\$			<i>Receipts</i>
	Restaurants/Entertainment	\$			<i>Description</i>
	Hobbies	\$			<i>Description</i>
	Other Recreation Expenses	\$			<i>Description</i>
	Total	\$			
General Expenses	Gifts/Birthdays/Christmas etc	\$			
	Child Support	\$			<i>Proof</i>
	Holidays	\$			<i>Description</i>
	Household Goods	\$			<i>Description</i>
	Other Expenses	\$			<i>Description</i>
	TOTAL	\$			

Attachment A: MAIP Fortnightly Budget Form

Name:		Licence Number:	
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Space for more information (attach extra pages if required).