

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 or 6.	
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	Туре	Description	Additional Information
	Work	I will lose my employment or an unable to perform my work duties with an Alcohol Interlock device fitted in my work/employment vehicle.	Section 4
		Tasmanian Registration Number Registration number of the vehicle that has or will have an alcohol interlock device fitted (only if applying for a work exemption)	
	Medical	I have a medical condition which prevents me from using an Alcohol Interlock device.	Section 5
	Island	I am a resident of, or frequent visitor to King Island or the Furneaux Group.	Section 6

# 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 - Work
Description	This exemption type applies when you need to drive work/employer's vehicles without an alcohol interlock device installed. NOTE: TO BE ELIGIBLE YOU MUST HAVE AN ALCOHOL INTERLOCK DEVICE INSTALLED IN YOUR PRIVATE VEHICLE.
Supporting Evidence	<ul> <li>In Section 1 of this application you must provide the Tasmanian registration number of the vehicle that has or will have an alcohol interlock device installed.</li> <li>Written evidence in Attachment A addressing the following where applicable.</li> <li>You are required to drive a motor vehicle for work purposes to or from your place of work and/or during the course of your work and: <ul> <li>your employer or the owner/operator of the vehicle if different from your employer is unwilling or unable to fit an alcohol interlock and that your employer (or owner/operator) agrees for you to operate the work vehicle without an alcohol interlock fitted; OR</li> <li>you are self-employed and unable to fit an alcohol interlock in the circumstances.</li> <li>If self-employed, also provide written evidence of: <ul> <li>who is required to drive the vehicle or vehicles used for work purposes</li> <li>why it is not reasonable to fit an alcohol interlock device to the vehicle(s).</li> </ul> </li> </ul></li></ul>
Section 5:	Exemption Type - Medical
Description	This exemption type applies when you have a medical condition that prevents you from physically being able to use an alcohol interlock device.
Supporting Evidence	• To support your application, a specialist relevant to your medical condition must complete the Medical Certificate (Section 7) and state why you are totally unable to use an alcohol interlock device.
Section 6:	Exemption Type - Island
Description	This exemption type applies when you are a resident or frequent visitor to King Island or the Furneaux Group.
Supporting Evidence	<ul> <li>For residents:         <ul> <li>Attach to this form evidence of your residential address which is dated within 6 months of the date of lodgement of this application.             <ul></ul></li></ul></li></ul>

# Section 7 – Medical Certificate (Required for medical exemption only)

To support your application for an exemption to the MAIP a specialist relevant to your medical condition must complete the following medical certificate and state why you are unable to use an alcohol interlock device.

# **Medical Certificate**

Medical certificates that are not fully completed will not be accepted by the Registrar of Motor Vehicles.

This section is for the assessing DOCTOR to complete:

Doctor's Name:

Phone Number:

Postal Address:

State:

Postcode:

Please supply a detailed description of why the applicant is:

a) Fit to drive a motor vehicle:

b) Totally unable to use an alcohol interlock device:

## Declaration

I hereby certify that the above information is true and correct and recommend that the Registrar of Motor Vehicles issue this applicant with an exemption to the Mandatory Alcohol Interlock Program. I also give permission for the Registrar of Motor Vehicles to take any action necessary to verify the details of this application.

Signature:

Date:



# Attachment A – Additional Information

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

Signature	Date	