## E82 Application for CEO Exemption Road Traffic (Vehicles) Regulations 2014

As prescribed in the Road Traffic (Vehicles) Regulations 2014, a fee of \$52.70 is payable for each exemption application.

Payment can be made by calling 1300 776 065, any Driver and Vehicle Services (DVS) centre or Department of Transport (DoT) Regional Office or DVS agent. Please include a payment receipt with the application. Fax to (08) 9216 3899 or email to vsp@transport.wa.gov.au

APPLICANT DETAILS	JUSTIFICATION
ORGANISATION/COMPANY (CORPORATION) IF APPLICABLE	PLEASE NOTE: The requested exemption CANNOT be considered unless it meets at least one of the following grounds, please tick applicable box.
FAMILY NAME	Complying with the provision would prevent the vehicle from operating in the way in which, or for the purpose for which, the vehicle was built or modified, and non-compliance with the provision would not be likely to have an adverse effect on the safety of the vehicle or of roadusers.
FIRST NAME/S	The vehicle is an experimental vehicle, a prototype, or another vehicle that could not reasonably be expected to comply with the provision.
RESIDENTIAL ADDRESS	The vehicle - (i) was registered, or otherwise authorised, to be driven or towed on a road by the Chief Executive Officer (or an authority of another State or a Territory whose functions correspond to those of the Chief Executive Officer) before the commencement of the provision; and (ii) was not required to comply with a similar provision before that commencement.
SUBURB	The vehicle has been constructed, equipped or adapted so as to enable it to be driven by a person with a physical disability who cannot safely drive a vehicle that has not been so constructed, equipped or adapted.
STATE W A POST CODE	It would be unreasonable to require the vehicle to comply with the provision.
PHONE NUMBER	DETAILS OF GROUNDS FOR EXEMPTION/S
EMAIL ADDRESS	Please provide details of the exemption sought. If further space is required, please attach a separate sheet.
AGENT DETAILS (IF APPLICABLE) ORGANISATION/COMPANY (CORPORATION) IF APPLICABLE	
FAMILY NAME	
OTHER NAME/S	
PHONE NUMBER	
EMAIL ADDRESS	
I, the vehicle owner, authorise the DoT to deal directly with the above agent.	
VEHICLE OWNER SIGNATURE DATE	
VEHICLE DETAILS	
PLATE NUMBER     YEAR       VEHICLE MAKE     BODY TYPE	DECLARATION
VIN/CHASSIS NUMBER	I declare that the information on this form is true and correct. I understand that under the provisions of the <i>Road Traffic (Administration) Act 2008</i> , it is an offence to provide false or misleading information.
	SIGNATURE OF DECLARANT/AGENT
REQUIRED EXEMPTION/S (PLEASE TICK)	DATE
Child restraints Immobiliser Side exhaust Rear overhang	
OTHER (PROVIDE DETAILS)	OFFICE USE ONLY
	RECEIVING OFFICER SIGNATURE
	Last updated 07.04.2017