

Our Ref :
Your Ref :
Date :
Ask For : Heather Adams
Ext : 1602
Direct Dial : 01773 841602
Email : heather.adams@ambervalley.gov.uk

Dear Sir/Madam

Medical Exemption Certificate Application

I enclose a Medical Exemption Assessment form which must be completed by a Medical Practitioner explaining why you are unable to comply with the necessary duties outlined in Section 165 and 170 of the Equality Act 2010. All costs relating to the Medical Exemption Assessment are the responsibility of the driver.

Please complete the below and return this to the Licensing Section, Town Hall, Market Place Ripley, DE5 3BT together with the completed Medical Exemption Assessment Form.

1. Driver Details:

Name, address and contact telephone number:

Driver Licence Number and Expiry date:

2. Exemption Certificate Request *(please tick which exemption you are applying for)*

Carrying Wheelchair Users

Carrying Assistance Dogs

Yours faithfully



Heather Adams
Licensing Manager