



EXEMPTION FORM

Applicants Should Fill Out All Sections

Identification

03/2005

1 Applicant complete this section.						
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Surname		Given name		
Company name (If applicable)						
Master Number (Companies applying for exemption should used their company master number)	Issuing Province	Vehicle	Make	Model	Year	VIN

2. Mailing address.		
Street: _____		
City: _____	Province _____	Postal Code _____
Phone : _____	Fax: _____	E-mail _____

Exemption Categories

3. Check (✓) exemption category that applies	I HEREBY ACKNOWLEDGE that if the above mentioned vehicle ceases to be eligible for this exemption, the Registry of Motor Vehicles will be notified immediately of the change in status.
Fully Exempt	
<input type="checkbox"/> Bus - personal use	
<input type="checkbox"/> Police Vehicle	
<input type="checkbox"/> Recreation Vehicle or Vehicle Towing a Recreational Vehicle (not used for commercial gain)	

Declaration

I declare that the information I have supplied in all parts of these forms is true and to the best of my ability is complete and accurate.	
SIGNED _____ THIS _____	
(DAY) OF _____ (MONTH) IN THE YEAR _____.	
PRINT YOUR NAME IN BLOCK LETTERS	
_____	_____
Name	Title
Any person who makes a false declaration or provides false information is guilty of an offence under the Motor Vehicle Act , and is liable to fines and penalties.	