



**Department of Public Safety  
Medical Standards Unit**

**Seatbelt Exemption Attestation**

This form must be completed by a physician licensed in Oklahoma pursuant to Title 59 O.S. § 495.

Licensee's Name \_\_\_\_\_  
*Last Name First Name Middle Initial*

Licensee's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Licensee's Driver's License Number \_\_\_\_\_

Please provide your recommendation in the space provided below.

The forgoing is my recommendation to the Department of Public Safety on behalf of

\_\_\_\_\_.  
*Name of Licensee*

Date \_\_\_\_\_

\_\_\_\_\_  
*Original Signature*

Please submit this form to:

\_\_\_\_\_  
*Type or print name*

Department of Public Safety  
Medical Standards Unit  
PO Box 53004  
Oklahoma City OK 73152-9998

\_\_\_\_\_  
*Medical License Number*

Or email to: [Medicaldesk@dps.ok.gov](mailto:Medicaldesk@dps.ok.gov)

If you have any questions, please contact the Medical Standards Unit at 405.425.2148.