

Motorised Wheelchair

DECLARATION

Subject: Conditions of Use for a Motorised Wheelchair on a Roadway

I/We, _____
(please print name/s)

of _____
(please print address)

in the state of Queensland do solemnly and sincerely declare that –

the invalid chair will be used solely by the applicant for whose transport such a chair is necessary and who possesses a current medical certificate certifying to this effect and;

the chair will be driven on footways and, if the footway is not suitable, as close as possible to the left hand boundary of a carriageway and;

when crossing a carriageway I will use the most direct route available and;

I will travel at a speed not in excess of 10km per hour and;

I will exercise due care and attention in regard to the safety of others.

Dated this _____ day of _____ 200

Signature/s of _____
Declarants