

PLEASE PRINT CLEARLY

A OWNER / LESSEE IDENTIFICATION	
Last name	
First name	
Number, street	Apt.
City	Province Postal code
Telephone []	Driver's licence number

B VEHICLE IDENTIFICATION		
I own or lease the following vehicle:		
Make	Model	Year
Vehicle identification number (VIN)		Licence plate
<p>Note: If your vehicle is leased or is subject to a reserve of ownership, the agreement of the lessor or reserve holder is necessary before installation of an on-off switch or deactivation by another means can begin. The purchase contract must be shown for an unlicensed vehicle.</p>		

C DEACTIVATION OF DRIVER'S AIR BAG
<p>I request the deactivation of the driver-side air bag in my vehicle. I certify that I meet, and that the following other driver(s) of my vehicle meet(s), at least one of the criteria for the risk group checked below.</p> <p>Name(s) of all other driver(s) for whom air bag deactivation is being requested:</p> <p>At least one box must be checked if requesting driver-side air bag deactivation.</p> <p><input type="checkbox"/> Medical condition</p> <p>The driver has a medical condition that, according to his or her physician:</p> <ul style="list-style-type: none"> • poses a special risk for the driver if the air bag deploys; and • makes the potential harm from a driver air bag deployment greater than the potential harm from turning off the air bag and experiencing a crash without the protection offered by the air bag. <p><input type="checkbox"/> Distance from the driver air bag</p> <p>Despite taking all reasonable steps to move back from the driver air bag, the driver is not able to maintain approximately 25 cm from the middle of the breastbone to the centre of the driver air bag cover.</p>

D DEACTIVATION OF PASSENGER'S AIR BAG
<p>I request the deactivation of the passenger-side air bag in my vehicle. I certify that I meet, and that all the following other passenger(s) of my vehicle meet(s), at least one of the criteria for the risk group checked below.</p> <p>Name(s) of all other passenger(s) for whom air bag deactivation is being requested:</p> <p>At least one box must be checked if requesting passenger-side air bag deactivation.</p> <p><input type="checkbox"/> Medical condition</p> <p>A passenger has a medical condition that, according to his or her physician:</p> <ul style="list-style-type: none"> • poses a special risk for the passenger if the air bag deploys; and • makes the potential harm from a passenger air bag deployment greater than the potential harm from turning off the air bag and experiencing a crash without the protection offered by the air bag. <p><input type="checkbox"/> Infant</p> <p>An infant (less than 1 year old) must ride in the front seat because:</p> <ul style="list-style-type: none"> • my vehicle has no rear seat; • the rear seat in my vehicle cannot accommodate a rear-facing infant seat; or • the infant has a medical condition which, according to the infant's physician, makes it necessary for the infant to ride on the front seat so that the driver can monitor the infant's condition. <p><input type="checkbox"/> Child aged 12 and under</p> <p>A child aged 12 and under must ride on the front seat because:</p> <ul style="list-style-type: none"> • my vehicle has no rear seat; • although children aged 12 and under ride on the rear seat whenever possible, children aged 12 and under have no option but to sometimes ride in the front because rear seat space is insufficient; or • the child has a medical condition that, according to the child's physician, makes it necessary for the child to ride on the front seat so that the driver can monitor the child's condition.

E CERTIFICATION – Initial each box below after reading carefully		
<p>Information brochure</p> <p>I certify that I have read the Société de l'assurance automobile du Québec information brochure, "Air Bag Deactivation – What You Need to Know for Making an Informed Decision". I understand that air bags should be turned off only for people at risk and turned back on for people not at risk.</p> <p style="text-align: right;">Initials _____</p>		
<p>Loss of air bag protection</p> <p>I understand that turning off an air bag may have serious safety consequences. When an air bag is off, even belted occupants may hit their head, neck or chest on the steering wheel, dashboard or windshield in a moderate to serious crash. That possibility may be increased in some newer vehicles with seat belts that are specially designed to work with the air bag. Those belts, which are designed to reduce the concentration of crash forces, typically allow the occupant to move farther forward in a crash than older belts. Without the air bag to cushion this forward movement, the chance of the occupant hitting the vehicle interior is increased.</p> <p style="text-align: right;">Initials _____</p>		
<p>Waiver and cost</p> <p>I understand that motor vehicle dealers or other service technicians are not obligated to install an on-off switch and that they may also require me to sign a waiver of liability before such a switch will be installed in my vehicle. I also understand that there may be a cost for the switch and its installation.</p> <p style="text-align: right;">Initials _____</p>		
<p>In the event of deactivation by means other than an on-off switch (which may not fit some vehicles)</p> <p>I agree: – to ensure air bag reactivation before ownership change of the vehicle, or – to inform the person who takes possession of the vehicle of air bag deactivation.</p> <p style="text-align: right;">Initials _____</p>		
<p>I certify that the information provided by me on this form is truthful, correct and complete to the best of my knowledge. I also state that I have obtained the consent required in Part B above, if applicable.</p>		
Date	Name of signer (print)	Signature of Owner/Lessee
<p>Send this form back to: Service de l'évaluation médicale (act. 5699) Société de l'assurance automobile du Québec Case postale 19500, succ. Terminus Québec (Québec) G1K 8J5</p>		

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act* and the *Highway Safety Code*. Under the *Act respecting access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. Individuals may consult or correct any personal information concerning them held in Société records. For more information, consult the Policy on Privacy on the Société's Web site at: www.saaq.gouv.qc.ca or contact the Société's call centre.