

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Date]

Driver and Vehicle Licensing Agency
[Specific Department or Address of DVLA]
[City, Postcode]

Dear Sir/Madam,

Subject: Request for Medical Exemption

I am writing to formally request a medical exemption for [specific reason, e.g., vehicle tax] due to my health condition. My details are as follows:

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Driver Number: [Your Driving License Number]

I have been diagnosed with [specific medical condition] which significantly affects my ability to [explain how it impacts you, e.g., use public transportation, operate a vehicle, etc.]. I have attached the relevant medical documentation from my healthcare provider to support my request.

I would appreciate your consideration of my situation and kindly ask for the exemption to be granted. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Contact Number]

[Enclosures: Medical documentation]