



**GOVERNMENT OF THE VIRGIN ISLANDS
OF THE UNITED STATES
OFFICE OF THE GOVERNOR
BUREAU OF MOTOR VEHICLES**



**WAIVER FOR PREGNANT PERSONS
TAKING THE PRACTICAL ROAD TEST**

I. _____ of _____.

Hereby confirm to the Bureau of Motor Vehicles that even though I am Pregnant, I have been advised by my attending physician Dr. _____

That my condition and present state of health are good, and such that I should be permitted to take the practical examination for the operator's license. I will hold the Bureau of Motor Vehicles harmless from any/all Liability for permitting me to take this test in my present condition, should anything happen to me as a result of my operating a motor vehicle during this testing period.

(Certified Physician) Signature: _____ License # _____

Applicant's Signature: _____ Date _____

This _____ day of _____

Notary

Motor Vehicles Inspector: _____ Date of Exam _____