

EXEMPTION REQUEST

INTRODUCTION

The Active Mobility (AM) Act contains a set of rules and code of conduct for cyclists, and riders of personal mobility devices (PMDs), power-assisted bicycles (PABs), and personal mobility aids (PMAs) to ensure safer journeys for all on public paths.

Click on the link <https://www.lta.gov.sg/content/ltaweb/en/walk-cycle-ride/application-to-exempt-the-use-of-active-mobility-devices-for-eve.html> to learn more.

REQUIRED INFORMATION

If you intend to request for an exemption, please fill in the **Request Form** and email it to AM_requests@lta.gov.sg at least 10 weeks prior to your event / trial.

Upon receiving the completed **Request Form**, LTA may email you to request for more details on your exemption request if necessary. Thereafter, LTA will assess your request and will inform you on the outcome of your request one week prior to your event date.

Assessment of exemption requests will be on a case-by-case basis and will take approximately **10 weeks**.

LTA will not be obliged to assess any LATE and/or INCOMPLETE submission of exemption request.

REQUEST FORM

Note: Please fill in all data blanks and check all boxes. For data blanks that are not applicable, please indicate “N/A”.

Request Details

1. Please provide details of the request:

a. State purpose for request (E.g. event, R&D)	
b. Reasons why you require the use of these devices on public paths	
c. Name of main organiser (Please indicate UEN number for companies)	
d. Name of co-organiser (if any):	
e. Ministry / statutory board supporting this event (if any) Please provide contact person from the Ministry / Statutory board here:	
f. Start & end date:	
g. Start & end time:	
h. Frequency of event / trial (One-off event / Time-based trial):	
i. Number of participants for event / trial	
j. Age-group of participants	
k. Number and type of devices that participants will be using	

Contact Details

2. Please provide contact details for communications with the Authority.

i. Person-in-charge of exemption request application	
a. Name (Principal):	
b. Contact number (Handphone):	
c. Email:	
d. Name (Alternate):	
e. Contact number (Handphone):	
f. Email:	

Nature of Exemption Request

3. Please tick the boxes, provide details of the device(s) used and the exemption required, and send us an image of the device(s). Please title the image of the device as “bicycle”, “PMD”, “PAB” etc. and include the model if there are several models for the same class of device:

Please note that the prevailing speed limit on footpaths is currently 10km/h and 25km/h on cycling / shared paths.

1) Conventional Bicycle

Device specifications	
a. Unladen weight:	
b. Width:	
c. Number of bicycles that will be used:	
Speeds on paths	
d. Paths taken (Footpaths / Cycling Paths / Roads):	
e. (If applicable) Maximum speed when travelling on footpaths:	
(If applicable) Maximum speed when travelling on cycling / shared paths:	
(If applicable) Maximum speed when travelling on roads:	

Please attach a clear map with the route that you intend the Conventional Bicycle to take, marking in 3 different colours, the (1) footpaths, (2) cycling / shared paths and (3) roads that will be used (where applicable). Please label the map “Route_Bicycle”.

2) Power-assisted bicycle (PAB)

Device specifications	
a. Maximum operating speed:	
b. Unladen weight:	
c. Width:	
d. Number of PABs that will be used:	
Speeds on paths	
e. Paths taken (Footpaths / Cycling Paths / Roads):	
f. (If applicable) Maximum speed when travelling on footpaths:	
(If applicable) Maximum speed when travelling on cycling / shared paths:	
(If applicable) Maximum speed when travelling on roads:	
Registration	
g. Has it been type-approved and sealed (Yes / No / Not yet, but intend to):	
h. Has it been registered (Yes / No / Not yet, but intend to)?	
i. Registration number(s) of devices	
Participant information	
j. Participants riding the PAB(s) are 16 years old and above (Yes / No)?	
*Please note that any person riding a PAB must be at least 16 years old and above.	

Please attach a clear map with the route that you intend the PAB to take, marking in 3 different colours, the (1) footpaths, (2) cycling / shared paths and (3) roads that will be used (where applicable). Please label the map "Route_PAB".

3) Personal mobility device (PMD) (such as *e-scooters, hoverboards, e-unicycles)

Device specifications	
a. Maximum operating speed:	
b. Unladen weight:	
c. Width:	
d. Certified to UL2272 standards (Yes / No)? *For PMDs that are not registered e-scooters, please send together with this form a photo of the UL2272 certification mark which is typically found on the underside of the device.	
e. Number of PMDs that will be used:	
Registration *only applicable to e-scooters	
f. Has it been registered? (Yes / No / Pending instructions from LTA / NA)	
g. Registration number(s) (for e-scooters)	
Speeds on paths	
h. Paths taken (Footpaths / Cycling Paths / Roads):	
i. (If applicable) Maximum speed when travelling on footpaths:	
(If applicable) Maximum speed when travelling on cycling / shared paths:	
(If applicable) Maximum speed when travelling on roads:	
Participant information	
j. Participants riding the PMD(s) are 16 years old and above (Yes / No)? *Please note that from 1 Aug 2020, those who are under the age of 16 are required to be supervised by an adult, who is at least 21 years old, while riding an electric scooter.	

Please attach a clear map with the route that you intend the PMD to take, marking in 3 different colours, the (1) footpaths, (2) cycling / shared paths and (3) roads that will be used (where applicable). Please label the map "Route_PMD".

4) Personal mobility aid (PMA)

Device specifications	
a. Maximum operating speed:	
b. Unladen weight:	
c. Width:	
d. Number of PMAs that will be used:	
Speeds on roads	
e. Paths taken (Roads):	
*PMAs are allowed on footpaths and cycling paths.	
f. (If applicable) Maximum speed when travelling on roads:	

Please attach a clear map with the route that you intend the PMA to take, marking in 3 different colours, the (1) footpaths, (2) cycling / shared paths and (3) roads that will be used (where applicable). Please label the map "Route_PMA".

5) Others / *motor vehicle: _____

**a motor vehicle that is not a personal mobility device, motorised wheelchair or mobility scooter, such as buggies, e-trishaws, etc.*

Device specifications	
a. Maximum operating speed:	
b. Unladen weight:	
c. Width:	
d. Number of vehicles that will be used:	
Speeds on paths	
e. Paths taken (Footpaths / Cycling Paths / Roads):	
f. (If applicable) Maximum speed when travelling on footpaths:	
(If applicable) Maximum speed when travelling on cycling / shared paths:	
(If applicable) Maximum speed when travelling on roads:	
Licence	
g. What class licence does the rider possess:	

Please attach a clear map with the route that you intend the motor vehicle to take, marking in 3 different colours, the (1) footpaths, (2) cycling / shared paths and (3) roads that will be used (where applicable). Please label the map "Route_motor vehicle".

4. Are these devices privately-owned, dockless (shared), rented or procured by event organiser / others? Please state where it has been rented or procured from:

5. Will there be any charging of the devices during the event?

- Devices will be charged on site
- Devices will not be charged on site
- Not applicable

Proposed safety measures in place during the event / trial

6. Indicate whether training will be provided, especially if there are first-time riders involved:

7. Indicate whether devices will be driven / ridden in a single file: _____

8. Indicate the number of marshals deployed along the route and the location of the marshals:

9. Measures to ensure visibility at night, if event is held at night (e.g. ensuring drivers wear brightly coloured clothing, installation of lights on devices):

10. Indicate if devices are equipped with an audible alert / bell to alert other users of its presence: _____

11. Indicate if pillion drivers are allowed on the devices, and how they will be secured:

12. Details of first-aid / emergency plans (e.g. number of first-aid personnel, first-aid station, if there is an ambulance on standby, SOP if there is an injury involving the vehicle):

13. If a motor vehicle is used, provide details of measures used to ensure pedestrians are aware of its presence? (e.g. barricades, warning signs, cones):

14. Indicate if the route for the vehicle will be closed off for pedestrians, or if there will be a physical segregation on the paths for the vehicles and other path users:

15. Will there be insurance coverage for the participants of the event? Please share the coverage of the insurance (does it cover the rider and any third-party who is injured by the rider riding the device):

- Yes. Insurance covers driver / rider and passengers (where applicable) for **personal accident claims only**.
- Yes. Insurance covers driver / rider and passengers (where applicable) for **personal accident claims** and **third-party property damage** only.
- Yes. Insurance covers driver / rider and passengers (where applicable) for **personal accident claims, third party property damage** and **third-party injury and death**.
- No.

16. Please share any other relevant information: