

SECTION 2 – MUST BE COMPLETED AND CERTIFIED BY A LICENSED PHYSICIAN / OPTOMETRIST

Clinical Diagnosis (Explanation of exact nature of the impairment)

Recommended Percentage Of Visible Light Transmittance (VLT) For Applicant:

Percentage of VLT Recommended Up To: _____ %

Recommended Permit Duration For Applicant (please check one):

- 4- Year Permit (temporary condition) Indefinite (permanent & stable condition)

Declaration: *I certify that it is a medical necessity that the windows of the aforementioned motor vehicle(s) be tinted.*

Physician's Signature _____ Date _____

Printed Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Send To: Vermont Department of Motor Vehicles - 120 State Street - Montpelier, VT 05603

SECTION 3 – TO BE COMPLETED BY DMV

Your Request For A Medical Exemption Has Been:

- Approved Denied Reason For Denial: _____

Term Of Approval:

You have been approved for window tinting. The tinting applied to your vehicle(s) cannot exceed _____ % VLT.

(4-Year Permit) Effective Date: _____ Expiration Date: _____

(Indefinite) Effective Date: _____

Commissioner's Signature _____ Date _____