



**STATE OF VERMONT
AGENCY OF TRANSPORTATION
DEPARTMENT OF MOTOR VEHICLES
120 State Street, Montpelier, VT 05603-0001**

Application For Window Tint Medical Exemption Permit

23 VSA 1125(a)(6) provides an exemption for any person who, for medical reasons, must be shielded from direct sunlight. The person may be either the driver or a regular passenger in the vehicle. This application only applies to privately owned passenger vehicles and must be certified as a medical necessity by a physician. This permit shall be issued for either a 4-year term (for temporary conditions) or indefinitely for a condition which is permanent and stable. This permit only applies to the vehicle(s) listed. Upon acquisition of a new vehicle, a new application must be filed requesting the exemption. This permit must be kept in the primary vehicle listed and a copy of it must be housed in each subsequently exempted vehicle. This permit is subject to inspection by a law enforcement officer upon request. The provisions of this permit shall terminate upon the sale or transfer of the approved vehicle(s) and at that time, the seller shall remove the applicable tinting. Furthermore, if the approved window tinting tears or bubbles or is otherwise worn to prohibit clear vision, it shall be removed.

NOTE: EYE RELATED CONDITIONS DO NOT QUALIFY AS MEDICAL NECESSITIES AND APPLICATIONS OF THIS NATURE WILL BE DENIED.

SECTION 1 – TO BE COMPLETED IN FULL BY THE APPLICANT

Name:	Last			First			Middle Initial					
Full Mailing Address:	Street/Road			City			State			Zip Code		
Legal Address if different: Street/Road, City, State, Zip:												
Phone Number:						License Number:						

If exemption is for someone other than applicant, please list information below:

Name:	Last			First			Middle Initial					
Full Mailing Address:	Street/Road			City			State			Zip Code		
Legal Address if different: Street/Road, City, State, Zip:												
Phone Number:						License Number:						
Relationship To Applicant:												

Please list the vehicle(s) for which this permit has been requested:

Primary Vehicle:	Registered Owner			Plate Number			Make			Model		
Vehicle #2:	Registered Owner			Plate Number			Make			Model		

Declaration: I certify the above information is true. I further attest that I have read and understand the law surrounding my request for exemption and agree to abide by the conditions outlined.

Applicant's Signature

Date

Note: If the address on the application is different from the address on Department records, this application will be considered a notice of address change and your address will be changed on all of your DMV records.

DEPARTMENT USE ONLY SECTION – DO NOT WRITE IN THIS AREA

Plate # - Veh. 1:											Rater #:	
Plate # - Veh. 2:												
<input type="checkbox"/> T = TNT <input type="checkbox"/> L = TNT + Blue Light Permit (use only if a Blue Light Permit is already on file) <input type="checkbox"/> F = TNT + Red Light Permit (use only if a Red Light Permit is already on file) <input checked="" type="checkbox"/> 453 <input type="checkbox"/> 232 – Address Chg. <input type="checkbox"/> 233 – Legal Add. <input type="checkbox"/> DOC LOC Only												

Audit Line

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

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 _____