

23 V.S.A. § 1125 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 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.

Section 1 – Applicant (Section 2 – Must be Completed and Certified by a Licensed Physician/Optomtrist)

Name:		Last	First	Middle
Mailing Address (Address Where You Get Your Mail): <i>If PO or Private Box, also fill in "Physical Address" below.</i>		City:		State: Zip:
Physical Address (Address Where You Live) <i>NO PO or Private Box. Physical Address Will Be Printed On Your License.</i>		City:		State: Zip:
Vermont License or Permit #		Date of Birth (mm/dd/yyyy):		

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

Name:		Last	First	Middle
Mailing Address (Address Where You Get Your Mail): <i>If PO or Private Box, also fill in "Physical Address" below.</i>		City:		State: Zip:
Physical Address (Address Where You Live) <i>NO PO or Private Box. Physical Address Will Be Printed On Your License.</i>		City:		State: Zip:
Vermont License or Permit #		Date of Birth (mm/dd/yyyy):		Relationship to Applicant:

List 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

I hereby affirm, under penalty of perjury, that the information on this form is true to the best of my knowledge. This declaration made under penalties of 23 V.S.A. § 202 & § 4110. Submission of a false voter registration application is subject to the penalties of perjury as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg – 10.

Signature of Applicant:	Date:
Phone Number:	Email Address:

DMV USE ONLY

<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 – Mailing Address Chg <input type="checkbox"/> 233 – Physical Address <input type="checkbox"/> DOC LOC Only	Plate # Vehicle 1 Plate # Vehicle 2 RATER #
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