NEW YORK STATE OF OPPORTUNITY. Department of Motor Vehicles

APPLICATION FOR TINTED WINDOW EXEMPTION

dmv.ny.gov

The Vehicle and Traffic Law prohibits most window tint that does not allow at least 70% of any light to pass through.

The law provides an exemption for any person who, for medical reasons, must be shielded from direct sunlight, but **only when personal protective measures such as sun-protective clothing, sunscreen, eye-protective devices, or clear UV-protective window films do not offer adequate protection**, and only when such person has a specific medical condition set forth by the Department of Health. The person who requests an exemption may be either the driver or someone who is a regular, habitual passenger in the vehicle (see Vehicle and Traffic Law section 375).

NYS Health Department regulations specify that **only** certain medical conditions can be used to justify an exemption from the limits on light transmittance. A list of these conditions is on page 2.

INSTRUCTIONS

1. Page 1 of this application is to be completed by the person requesting the tinted window exemption.
2. Page 2 **must** be completed by a NYS licensed physician, physician assistant or nurse practitioner.
3. Send the following items to the address at the bottom of this page:
   - this completed application
   - a copy of the NYS professional license of the medical provider that completed page 2
   - **a photocopy of your NYS vehicle registration**

Provide the following information as it appears on the vehicle registration, as well as the driver license ID number.

Last Name	First	M.I.	Driver License ID #	
Address (*Number and Street*)				Apt. #
City	State	Zip Code	Phone Number	

If a medical exemption is requested for someone other than the registered owner of the vehicle, please provide the following information about that person.

Last Name	First	M.I.	Driver License ID #	
Address (*Number and Street*)				Apt. #
City	State	Zip Code	Phone Number	
Nature of Relationship to Applicant				
Frequency of and Reason for Such Person's Ridership in Applicant's Vehicle				

I certify and affirm that all information presented in this form is true and correct, that any documents, including supporting documentation, that I have presented to DMV are true, accurate and genuine. I make this certification and affirmation under penalty of law. False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law.

Signature of Vehicle Registrant **X** _____ Date _____

(Sign Name in Full)

Return this application to: Department of Motor Vehicles, Driver Regulation Bureau, Medical Review Unit
6 Empire State Plaza, Room 337, Albany NY 12228

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MEDICAL PRACTITIONER'S STATEMENT FOR TINTED WINDOW EXEMPTION

This side must be completed by a NYS-licensed physician/physician assistant/nurse practitioner. A copy of your NYS professional license must accompany this form.

PLEASE PRINT CLEARLY

Patient's Last Name	First Name	M.I.

Date of Birth (Month/Day/Year) ▾ / ▾ /

1. Examination Date ▾ / ▾ / (Must be within 60 days of the date this form is submitted to DMV.)

2. The following medical condition justifies granting an exemption for the above-named patient from the limits on light transmittance found in Vehicle and Traffic Law, and **personal protective measures such as sun-protective clothing, sunscreen, eye-protective devices or clear UV-protective window films do not offer adequate protection.**

   - ☐ albinism
   - ☐ chronic actinic dermatitis/actinic reticuloid
   - ☐ dermatomyositis
   - ☐ lupus erythematosus
   - ☐ porphyria
   - ☐ xeroderma (pigmentosa) pigmentosum
   - ☐ severe drug photosensitivity, provided that the course of treatment causing the photosensitivity is expected to be of prolonged duration
   - ☐ photophobia associated with an ophthalmic or neurological disorder
   - ☐ any other condition or disorder causing severe photosensitivity in which the individual is required for medical reasons to be shielded from the direct rays of the sun. The medical condition of _____ warrants a tinted window exemption.

3. Minimum level of light transmission required due to the above-certified condition: _____

4. Reason personal protective measures such as sun-protective clothing, sunscreen, eye-protective devices or clear UV-protective window films do not offer adequate protection: _____

Physician/Physician Assistant/Nurse Practitioner's Name (Please print in full)	☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner
Physician/Physician Assistant/Nurse Practitioner's Mailing Address (Include number and street)	

City	State ▾	Zip Code	Telephone Number (area code) ( )

A copy of my NYS professional license is enclosed with this form. ☐ Yes ☐ No	NYS Certificate or Professional License Number

I certify and affirm that all information presented in this form is true and correct, that any documents, including supporting documentation, that I have presented to DMV are true, accurate and genuine. I make this certification and affirmation under penalty of law. False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law.

Physician/Physician Assistant/Nurse Practitioner's Signature	Date (Month/Day/Year) ▾ / ▾ /

reset/clear