

This permit shall be issued for either a 4-year term (for temporary conditions) or indefinitely for a condition that is permanent and stable. This permit only applies to the vehicle(s) listed and is not transferable. This permit must be in the primary vehicle listed, and a copy 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.

Mail completed application to **Vermont DMV, 120 State Street, Montpelier, Vermont 05603**

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

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:
Physical Address (Address Where You Live) <i>NO PO or Private Box.</i>			City:	State:
Vermont License #	Date of Birth (mm/dd/yyyy):	Phone Number:	Email address:	

If the exemption is for someone other than the applicant, please list the 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:
Physical Address (Address Where You Live) <i>NO PO or Private Box.</i>			City:	State:
Vermont License #	Date of Birth (mm/dd/yyyy):	Phone Number:	Email address:	

List vehicle(s) for which this permit has been requested

Plate Number (primary vehicle)	Year	Make	Model	Registered Owner
Plate Number (vehicle #2)	Year	Make	Model	Registered Owner
Plate Number (vehicle #3)	Year	Make	Model	Registered Owner

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 Signed

X

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 Plate # Vehicle 3 RATER #
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SECTION 2 – MUST BE COMPLETED AND CERTIFIED BY A LICENSED PHYSICIAN / OPTOMETRIST

Clinical Diagnosis (Explanation of the 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

Mail completed application to: Vermont DMV - 120 State Street - Montpelier, VT 05603

SECTION 3 – TO BE COMPLETED BY DMV

Your Request for A Medical Exemption Has Been Approved Denied Reason: _____

Term Of Approval:

You have been approved for window tinting. The tinting applied to your vehicle(s) cannot be below _____% VLT. Tinting cannot be applied to the front windshield.

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

Indefinite Permit Effective Date: _____

Commissioner's Signature

Date