## MUST USE MOST **CURRENT** FORM FORM MUST BE **TYPED**

## VEHICLE INSPECTION WINDOW TINT

FOR DPS USE ONLY

ADDITION FOR	MEDIC WILDS	AL EVEMBTION

APPLICATION FOR WINDOW TINT MEDICAL EXEMPTION										
APPLICANT (PLEASE USE NAME AS IT APPEARS ON DRIVER LICENSE)										
Name		DL#			State Expi		ation			
Patient Name (IF DIFFERENT FROM APPLICANT)				Relationship to Applicant						
Residence Address		City		State	County			ZIP		
Mailing Address			City		State	County			ZIP	
Date of Birth	of Birth Home Phone				Cell Phone					
Email Busine			ness Phone			Other Phone				
VEHICLE INFORMATION										
Vehicle #1	/IN Y		Year		Make		Model			
Vehicle #2	VIN	Ye	Year		Make		Model			
Vehicle #3	VIN	Ye	Year M		Make		Model			
PHYSICIAN, OPTOMETRIST OR OPHTHALMOLOGIST										
Name					License #					
Address			City			State		Zi	р	
Email		Phone				Fax				

## **Vehicle Owner Certification**

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DPS are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

Applicant / Legal Guardian's Signature	Date

## Completed application must be accompanied by one of the following:

- Letter, on physician letterhead, signed by the physician, indicating the medical reason for the exemption.
- An original prescription including the applicant's name, physician's signature and indicating the medical reason for the exemption.

Letters and prescriptions must be dated within one year of exemption request. If the exemption is approved, an exemption letter will be sent to the applicant listed above.

**SUBMIT** completed form with required documentation:

- Online Secured Email
  - ▶ Contact Us, select "Vehicle Inspection" and complete the online form.
  - ► http://www.txdps.state.tx.us/rsd/contact/default.aspx
- **Fax** to (512) 424-2774
- Mailing Address: Texas Department of Public Safety

Regulatory Services Division, Compliance & Enforcement Service

Window Tint Medical Exemption

P. O. Box 4087

Austin, Texas 78773-0543

Please allow up to 15 working days for your application to be processed, approved and to receive your exemption certificate.