



# Vehicle Tint Waiver Request

You or your physician may mail this form to DC DMV Inspection Station, 1001 Half Street, SW, Washington, DC 20024, or fax to 202-645-3210. You may also bring in this form when you bring your vehicle to be inspected. This form must be resubmitted at each time of your vehicle re-inspection. For additional information visit our website: [www.dmv.dc.gov](http://www.dmv.dc.gov) or call 311 inside DC and 202-737-4404.

<b>Applicant's Name (First, Middle, Last)</b>		<b>Applicant's Phone Number</b>
		(    )
<b>Driver's License Number</b>	<b>Vehicle Tag Number</b>	<b>Vehicle Identification Number</b>

DC law allows the after factory application of window tinting in motor vehicles (DC Official Code § 50-2207.02), provided the following requirements are met (Mini-Vans are excluded):

- There must be at least 70% light transmittance (i.e. 30% tinting) through the front windshield or front side windows; and
- There must be at least 50% light transmittance (i.e. 50% tinting) through the rear windshield or rear side windows.

However, less than 70% light transmittance is allowed in the windshield above the AS-1 line or within five inches from the top of the windshield.

**For Mini-Vans:**

- There must be at least 55% light transmission (i.e. 45% tinting) through the front windshield or front sides windows; and
- There must be at least 35% light transmission (i.e. 65% tinting) through the rear windshield or rear side windows.

For safety purposes, vehicles which are approved for a tint waiver must allow at least 35% light transmission (i.e. 65% tinting) through all windows.

The Department of Motor Vehicles has been petitioned by your patient for a waiver of these requirements, pursuant to D.C. Official Code § 50-2207.02(h) (5), due to your patient's medical condition.

Your professional certification of medical necessity is required below:

- Yes, my patient, \_\_\_\_\_, has a medical condition that requires a waiver of the light transmittal requirements.
- No, my patient, \_\_\_\_\_, does not have a medical condition that requires a waiver of the light transmittal requirements.

Physician Identification Information			
Print First Name	Middle Name	Last Name	Identification Number
Address		Phone Number	
Signature of Physician		Date	