

Maine State Police

Traffic Division 20 State House Station Phone: (207) 624-8934 Fax (207) 624-8945

APPLICATION FOR WINDOW TINT MEDICAL EXEMPTION

- SUBMIT THE COMPLETED APPLICATION TO THE ADDRESS ABOVE -

1. Original Change of Vehicle						
2. FULL PRINTED NAME OF THE REGISTERED OWNER AS IT APPEARS ON THE REGISTRATION:						
	First	Middle	Last			
Registered Owner's Address			City	State	Zip Code	
Mailing Address (if different from above)			City	State	Zip Code	
Driver's License # of Registered Owner			Date of Birth		Sex	
3. FULL PRINTED NAME OF THE PERSON WITH THE MEDICAL CONDITION: (may be different than the registered owner)						
First			Middle	dle Last		
1916.2.A.4,with certification from either a licensed Physician/Physician Assistant or Optometrist						
4. VEHICLE INFORMATION:						
Year	Mak	Make		Model		
Plate Number	Vehicle Identification Number			Title Number		
5. PHYSICIAN'	S STATEMENT OF CER	TIFICATION:				
Print/Type Name of Certifying Authority Certification or License Number: (Required)						
Business Address			City	State	Zip Code	
	l opinion, the above named p int to 29-A MRSA §1916.2.A.4 6.					
Signature of Certifying Authority				Date		

NOTE: "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement up to one year or by monetary fine of up to \$2000.00 or by both."