

Application for Tinted Glass Waiver

Registry of Motor Vehicles · Medical Affairs Branch PO Box 55889 · Boston, MA 02205-5889 · PHONE 857-368-8020 · TDD 877-768-8833

Instructions

Tinted Glass Waivers can only be issued to private passenger vehicles owned or operated by the person certified by the physician as being photophobic/photosensitive. If the vehicle is not registered in your name or is leased, additional information will be required. Please contact Medical Affairs for further information. This application must be signed by a medical doctor and is subject to review by the Medical Advisory Board.

Tinted Glass Waivers allow additional tinting to the front side windows, rear side windows and/or rear window ONLY. Windshields MAY NOT be tinted below the AS-1 line (upper most 6 inches).

Owner Information				
Last Name	First	N	II	Date of Birth
Phone Number		Email Address		
Home Address Street		City	Sta	ate Zip Code
Social Security Number / Drivers License Number		License Plate Number of Vehicle Being Tinted		
The section below must be completed and certified by a Massachusetts Licensed Medical Doctor.				
Certification and Signature		ondition permanen ermanent condition	t or temporary? s will be considered)	Permanent Temporary
Clinical Diagnosis For the purpose of this application, photosensitivity and photophobia are considered symptoms. The clinical diagnosis causing these symptoms must be stated.				
I certify that the person indicated above is photophobic/photosensitive and in my professional opinion requires additional tinting that cannot be corrected				
by effective polarized tinted sun eye wear.				
Contificione Discussionale Cinemature				
Certifying Physician's Signature			Date	
I certify that extra tinting on the front side windows, rear side windows and/or rear window is a medical necessity that cannot be achieved by any other means.				
Certifying Physician's Signature			Date	
Physician Information				
Certifying Doctor's Name			Telephone Number	
Address Street		City	Sta	ate Zip Code
Mass. Board of Registration Number National Provider Identification Number				er