



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

Only original applications will be accepted (no photocopies or faxes)

See back for additional requirements

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).

Applicant Information

Last Name	First	MI	Date of Birth	
Phone Number		Email Address		
Home Address	Street	City	State	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

Is the condition permanent or temporary?
(only permanent conditions 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.

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	State	Zip Code
Mass. Board of Registration Number		National Provider Identification Number		

Additional Requirements

- If you are not the owner of the vehicle, you will need to provide a photocopy of the insurance policy listing you as an operator of the vehicle requiring a tinted glass medical exemption.
- If the vehicle is leased, the leasing agent will need to provide a written statement on their letterhead giving permission to apply tinted glass on the mentioned vehicle (provide vehicle VIN/registration) and stating that the tint will be removed at the termination of the lease agreement.
- If the tinted glass exemption is for a non-driver, the primary owner of the vehicle must submit a signed statement confirming that the vehicle is primarily used for the transportation of the applicant. Please include the applicant's date of birth, social security number, mailing address, residential address, and your relationship to the applicant.
- If you have a motorcycle endorsement, your physician will need to provide a statement on their letterhead clarifying preventative measures that are being taken while riding a motorcycle.