



Charles D. Baker, Governor  
 Karyn E. Polito, Lieutenant Governor  
 Stephanie Pollack, Secretary & CEO  
 Erin C. Deveney, Registrar



## APPLICATION for TINTED GLASS WAIVER

Medical Affairs Branch, Phone #: 857-368-8020

Tinted Glass Waivers can only be issued to private passenger vehicles owned or operated<sup>1</sup> by the person certified by the physician as being photophobic/photosensitive. 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 six (6) inches).**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Registration Number of vehicle being tinted: \_\_\_\_\_

### THE SECTION BELOW MUST BE COMPLETED AND CERTIFIED BY A MASSACHUSETTS LICENSED MEDICAL DOCTOR

Is the condition:  Permanent or  Temporary (only permanent conditions will be considered)

Clinical Diagnosis (explanation of exact nature of the impairment): \_\_\_\_\_

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<sup>2</sup>: \_\_\_\_\_ 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: \_\_\_\_\_

Certifying Doctor's Name: \_\_\_\_\_ Mass. Board of Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Certifying Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Additional Information may be required.

<sup>2</sup> All signatures are required

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