

Maine State Police - Traffic Division - MVIU 20 State House Station Augusta, ME 04333-0020 Phone: (207) 624-8934 or (207) 624-8935 APPLICATION FOR WINDOW TINT MEDICAL EXEMPTION



APPLICATION FOR WINDOW TINT MEDICAL EXEMPTION ---SUBMIT THE COMPLETED APPLICATION TO THE ADDRESS ABOVE---

1. □ Original □ Change of Vehicle					
2. FULL PRINTED N	IAME OF THE REGISTERED	OWNER AS IT APPE	ARS ON THE REGI	STRATION:	
First	Middle	Last	Last Phone number #		
Register	ed Owner's Address	City	State	Zip Code	
0					
Mailing Address (if different from above)		City	State	Zip Code	
Driver's License # of Registered Owner		Date of	Date of Birth		
3. FULL PRINTED N the registered owne	IAME OF THE PERSON WITH r)	H THE MEDICAL CON	IDITION: (may be d	lifferent than	
First	Middle	Last Phone nun		#	
Signature of Person With Medical Condition Date Phone Number 4. VEHICLE INFORMATION: Image: Condition for the second				ber	
Year	Make		Model		
Plate Number	Vehicle Identification Number		Title Number		
5. PHYSICIAN'S ST	ATEMENT OF CERTIFICATIO	DN:			
Print/Type Na	me of Certifying Authority	Certification or License Number: (Required)			
Business Address		City	State	Zip Code	
	inion, the above name person (o 29-A MRSA §1916.2.A.4, exem SA §1916.				
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 of up to one year or by monetary fine of up to \$500.00 or by both." (Rev 01/15/2015)