NORTH CAROLINA DIVISION OF MOTOR VEHICLES

Dear Customer:

Thank you for your interest in the tinted window permit. The waiver process gives a person who suffers from a medical condition that results in photosensitivity to visible light the opportunity to obtain a window medical exception permit form the Division of Motor Vehicles. Please have your physician complete the enclosed form and return it to:

Medical Review Program
3112 Mail Service Center
Raleigh NC 27697-3112

You may also fax this information to the Division at (919) 861-3284, (919) 733-9569, or (919) 861-3836 as soon as possible to expedite the processing of your application.

Please contact a member of my staff at (919) 861-3809 should you have any questions.

Sincerely,

Assistant Director of Medical Review
Customer Compliance Services
Division of Motor Vehicles

Enclosure

NORTH CAROLINA DIVISION OF MOTOR VEHICLES

TINTED WINDOW WAIVER APPLICATION FORM

Applicant to complete Sections 1-4. Physician to complete Section 5

Section 1 – Applicant Information

□ New □ Renewal

Applicant's Name	
Driver License Number	
Phone Number	
Date of Birth	
Address	
Date	

Section 2 – Vehicle 1

Vehicle Tag Number	
Vehicle Identification Number (VIN)	
Owner Name	
Owner Address	

Section 3 – Vehicle 2

Vehicle Tag Number	
Vehicle Identification Number (VIN)	
Owner Name	
Owner Address	

Section 4 – Consent for release of medical information:

I, the undersigned, hereby authorize Dr. _____ give any examination deemed necessary for the purpose of determining my exception. I give permission to this physician, and any other physicians, clinics, or hospitals involved in my care, to share records and discuss my medical condition with each other and with the Division of Motor Vehicles. If requested, I agree to release to the Division of Motor Vehicles or its representatives any information concerning my condition, and any or all information provided to my doctor. I do hereby release, waive, and relinquish all claims against the Division of Motor Vehicles, its agents and employees, for any cause whatsoever arising out of the release of this medical information.

Signature of Applicant	
Parent/Guardian (if minor)	

Section 5 – Examining Physician

Currently, General Statute §20-127(b) provides for tinting along the top of the windshield, not to exceed five inches below the top of the windshield or below the AS1 line, whichever is longer. In addition, all other windows may be tinted up to 20%. Effective July 1, 2001, an applicant with a medical certification from their physician will be eligible through the Division of Motor Vehicles to have a maximum tinting of visible light transmission of 70% to the windshields.

□ Yes, I certify that the above patient suffers from a medical condition that is sensitive to visible light such being: _____

_____

_____

Please indicate the number of years you recommend this permit be issued: (check one)

□ Two Years □ Three Years □ Four Years □ Five Years

Physician's Name (Print)	
Physician's Specialty	
Physician's Signature	
Date	
Address	
Phone Number	

NOTE: Incomplete forms will not be processed.