DEPARTMENT OF PUBLIC SAFETY
MEDICAL STANDARDS UNIT

TINTED WINDOW EXEMPTION APPLICATION

I hereby make application to the Oklahoma Department of Public Safety for exemption from the tinted window restriction as set forth in 47 O.S. § 12-422. I understand to be exempt from the tinted window restrictions, I must possess a letter or other instrument issued by the Oklahoma Department of Public Safety while operating a vehicle belonging to me or in which I am a habitual passenger exempting me from said provisions. I further understand if I make a false application for exemption, I may be subject to punishment under 47 O.S. § 17-101 of the Oklahoma Statutes.

*To be completed by the **applicant/licensee** (Please print)*

NAME: _____

ADDRESS: _____
Street *City* *ST* *Zip*

DATE OF BIRTH: _____ DRIVER LICENSE NUMBER: _____

VEHICLE INFORMATION: VIN: _____ YEAR: _____

MAKE: _____ MODEL: _____ TAG#: _____ EXP: _____ ST _____

NOTICE: I understand that by signing and submitting this form, my ability to operate a motor vehicle may be reviewed as provided in 47 O.S. § 6-119, pursuant to the standards prescribed by the Driver License Medical Advisory Committee as created in 47 O.S. § 6-118.

_____
Signature of applicant/licensee

*To be completed by the **licensed healthcare provider***

PATIENT'S NAME: _____ DATE OF BIRTH: _____

DATE OF EXAMINATION: _____DIAGNOSIS: _____

1. In your professional opinion would this condition affect this person's ability to safely operate a motor vehicle under normal or adverse driving conditions? YES _____ NO _____
2. Is condition permanent? YES_____ NO _____
3. If NO, please estimate length of time that the condition will exist (date)_____.

OKLAHOMA ADMINISTRATIVE CODE PROVIDES FOR TINTING UP TO BUT NOT TO EXCEED 15 %

Percentage Of Tint Allowed: Windows on Either Side of Driver _____
Windows to the Rear of Driver _____

I have examined the above name patient and have medically determined that said patient requires to be shielded from the sun while in a motor vehicle and recommend window tint which is less than the minimum allowed percentage of light transmission of fifteen percent (15%); provided, an exemption of less than twenty percent (20%) may cause a restriction of "daylight driving only" along with any other appropriate restrictions as determined in accordance Title 47 of the Oklahoma Statutes or O.A.C. 595:10-5 (Medical Aspects), or both, to be placed on the driver license of the person.

_____ _____
Licensed Healthcare Provider Printed Name *Signature*

_____ _____ _____
Practice Address *Telephone Number* *Date signed*

Submit completed form to:

By mail: Medical Standards Unit
Department of Public Safety
PO Box 53004
Oklahoma City, OK 73152

By email: medicaldesk@dps.ok.gov