



# Texas Department of Public Safety

## Request for Window Tint Medical Exemption

### Applicant Information

Name (as it appears on driver license)	Driver License or State Issued ID	State	Expiration Date
Residence Address	City	State	Zip Code
Mailing Address <small>(if different from residence address)</small>	City	State	Zip Code
Applicant Date of Birth (mm/dd/yyyy)	Residence Telephone	Cell Phone	
Business Telephone	Email Address	Fax Number	

### Vehicle Information

<u>Vehicle 1 information</u>	Year, Make, Model	_____	
	VIN	_____	
<u>Vehicle 2 information</u>	Year, Make, Model	_____	
	VIN	_____	
<u>Vehicle 3 information</u>	Year, Make, Model	_____	
	VIN	_____	

### Physician, Optometrist or Ophthalmologist Information

Name	License #		
Street Address	City	State	Zip Code
Telephone	Email Address	Fax Number	

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Completed application must be accompanied by one of the following:**

1. Letter, on physician letterhead and signed by the physician, indicating the medical reason for the exemption
  2. An original prescription including the applicant's name, physician signature, and indicating the medical reason for the exemption
- Letters and prescriptions must be dated within one year of exemption request  
If the exemption is granted, an exemption letter will be sent to the applicant listed above

Return completed form with attachment to:  
Texas Department of Public Safety  
Compliance and Enforcement Service  
Window Tint Medical Exemption  
PO BOX 14900  
Austin, TX 78761-4900  
or FAX to: 512/424-2774