

Physician's Written Certification of Necessity for Medical Exemption:



Maryland Window Tint Limitations



- Medical Exemption (Applicable to Below Listed Owner(s) ONLY – NON-TRANSFERABLE);
- Medical Exemption is valid for the period of time determined by the licensed physician certifying the identified person's medical need;
- Exemption will not exceed two years as set forth in Transportation Article, §22-406(i)(4)(ii), Annotated Code of Maryland, unless authorized by the licensed physician or optometrist specifically denotes the necessity is permanent.*
- The owner must keep a copy of their approved medical exemption inside the vehicle at all times for review by a police officer, if stopped.

The following information is to be completed by the applicant (Print or Type):

Vehicle:

Year Make Model Registration Plate Number

VIN:

OWNER'S NAME & DRIVER'S LICENSE SOUNDEX #: _____

CO-OWNER'S NAME & DRIVER'S LICENSE SOUNDEX # (IF APPLICABLE): _____

OWNER'S COMPLETE ADDRESS: _____

OWNER'S TELEPHONE #: _____

OWNER'S EMAIL ADDRESS: _____

OWNER'S COUNTY OF RESIDENCY: _____

THE SECTION BELOW MUST BE COMPLETED AND CERTIFIED BY A MARYLAND-LICENSED MEDICAL PHYSICIAN OR OPTOMETRIST:

PATIENT'S NAME: _____

CLINICAL DIAGNOSIS (EXPLANATION OF EXACT NATURE OF THE IMPAIRMENT): _____

I recommend post-manufacture add on window tinting that restricts the total transmittance of light to less than the **35%** transmittance, currently allowed by law. I certify that extra tinting on the front side windows, rear side windows, rear window and above the AS-1 line on the windshield or within five inches from the top of the windshield, is a medical necessity.

TIME PERIOD OF THE NECESSITY FOR EXEMPTION: _____ ☐ CHECK IF PERMANENT EXEMPTION*

(NOT TO EXCEED TWO YEARS FROM DATE OF MEDICAL EVALUATION)

PHYSICIAN'S NAME & LICENSE # (IF APPLICABLE): _____

BUSINESS AFFILIATION (IF APPLICABLE): _____

COMPLETE BUSINESS ADDRESS: _____

PHYSICIAN'S EMAIL ADDRESS: _____

PHYSICIAN'S TELEPHONE #: _____

I certify and affirm that all information presented in this form is true and correct, that any documents presented are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

PHYSICIAN'S SIGNATURE: _____ DATE: _____

OWNER'S SIGNATURE: _____ DATE: _____

The above physician's signed statement meets all provisions for a medical exemption set forth in Transportation Article, §22-406(i)(4), Annotated Code of Maryland and the applicable Code of Maryland Regulations governing post-manufacture window tinting. The vehicle is therefore **EXEMPT** from post-manufacturer window tinting regulations requiring at least **35%** light transmittance through regulated windows.

Distribution:

- ☐ Original (Must be kept in vehicle at all times)
- ☐ Physician Copy (Optional)

Maryland State Police
Automotive Safety Enforcement Division (ASED)
6601 Ritchie Highway NE Room 121
Glen Burnie, MD 21062 410-768-7388
MSP.ASED@maryland.gov

