



Physician's Written Certification of Necessity for Medical Exemption from 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, but shall not exceed 2 years as set forth in Transportation Article, §22-406(i)(4)(ii), Annotated Code of Maryland.
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: (Please print or type)

Vehicle: Year Make Model License Plate Number

VIN: [Grid of 17 boxes for VIN entry]

Owner's Name & Driver's License Soundex #: _____

Co-Owner's Name & Driver's License Soundex # (if applicable): _____

Owner's Complete Address & Telephone#: _____

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 Medical Exemption (Not to exceed 2 years from date of medical evaluation): _____

Physician's Name & License # (if applicable): _____

Business Affiliation (if any): _____

Complete Business 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)

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