



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)
The owner must keep a copy of their approved medical exemption inside the vehicle at all times for presentation for review by a police officer if stopped.
Tint material rendering vehicle glazing darker than 35% shall be removed upon sale or other transfer of ownership of the exempted vehicle. The vehicle will not be eligible for registration in the State of Maryland unless this tinting material is removed.

The following information is to be completed by the applicant: (Please print or type)

Vehicle: Year Make Model License Plate Number

VIN: [grid of 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/or above the AS-1 line on the windshield, is a medical necessity.

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

Business Affiliation (if any): _____

Business Complete Address: _____

Physician 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 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)(i), 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 equipped with post manufacture window tint while being operated by the primary owner/driver.

- Distribution: [] Original (Must be kept in vehicle at all times)
[] Physician Copy (Optional)

Automotive Safety Enforcement Division (ASED)
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