



Application for Tinted Glass Waiver

Registry of Motor Vehicles · Medical Affairs Branch
PO Box 55889 · Boston, MA 02205-5889 · PHONE 857-368-8020 · TDD 877-768-8833

Instructions

Tinted Glass Waivers can only be issued to private passenger vehicles owned or operated by the person certified by the physician as being photophobic/photosensitive. If the vehicle is not registered in your name or is leased, additional information will be required. Please contact Medical Affairs for further information. This application must be signed by a medical doctor and is subject to review by the Medical Advisory Board.

Tinted Glass Waivers allow additional tinting to the front side windows, rear side windows and/or rear window ONLY. Windshields MAY NOT be tinted below the AS-1 line (upper most 6 inches).

Owner Information					
Last Name	First		MI	Date of Birth	
Phone Number		Email Address	3		
Home Address Street		City	St	ate	Zip Code
Social Security Number / Drivers License Number		License Plate	Number of Vehicle Be	ing Tinted	
The section below must be completed and certified by a Massachusetts Licensed Medical Doctor.					
Certification and Signature	Is the	condition permane	ent or temporary?	Pormanont	Temporary
Clinical Diagnosis For the purpose of this application, photosensitivity and photophobia are considered symptoms. The clinical diagnosis causing these symptoms must be stated.					
I certify that the person indicated above is photophobic/photosensitive and in my professional opinion requires additional tinting that cannot be corrected by effective polarized tinted sun eye wear.					
by effective polarized lifted suff eye wear.					
Certifying Physician's Signature					
I certify that extra tinting on the front side windows, rear side windows and/or rear window is a medical necessity that cannot be achieved by any other					
means.					
Certifying Physician's Signature			Date		
Physician Information					
Certifying Doctor's Name			Telephone Number	r	
Address Street		City	St	ate	Zip Code
Mass. Board of Registration Number			lational Provider Identification Number		