



John J. Barthelmes  
Commissioner of Safety

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF SAFETY**  
**Division of Motor Vehicles**  
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Richard C. Bailey, Jr.  
Director of Motor Vehicles

**APPLICATION FOR TINTED WINDOW MEDICAL WAIVER**  
**RSA 266:58-a, III-a and Saf-C 2500**

**Directions:** This application must be filled out and signed by a medical doctor. The applicant must return the completed application, along with a photocopy of the vehicle registration(s) (up to 2 vehicles), to the DMV for processing. If approved, a Waiver will be mailed to the applicant.

**Applicant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town/City Zip*

**The below information must be filled out by a medical doctor (MD or DO only)**

**Name and Description of Medical Condition:** \_\_\_\_\_

**Statement of the medical necessity for how tinted windows will alleviate the medical condition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Because of the above information, I therefore:**

Recommend  Do Not Recommend  *(Please check one)*

the above named patient to have a medical waiver for tinted windows on his/her vehicle.

I certify, under the penalty of perjury, that the person whose name appears as the applicant is under my treatment and care and in my professional opinion requires a medical waiver for window tinting as defined under RSA 266:58-a and Saf-C 2500.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Medical Doctor (MD or DO)

Name of Medical Doctor: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town/City Zip Code*

Telephone Number: \_\_\_\_\_