



John J. Barthelmes
Commissioner of Safety

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
Division of Motor Vehicles**
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Elizabeth A. Bielecki
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: _____