



Robert L. Quinn
Commissioner of Safety

State of New Hampshire

DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4050 TDD Access Relay NH 7-1-1



John C. Marasco
Director of Motor Vehicles

APPLICATION FOR TINTED WINDSHIELD MEDICAL WAIVER

Directions: This application must be filled out and signed by a medical provider. 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 permit will be mailed to the applicant.

Applicant Information:

Name: _____ Date of Birth: _____

Address: _____
Street Town/City Zip

Vehicle Information:

Plate Number: _____
Name of registered owner Signature of registered owner

Plate Number: _____
Name of registered owner Signature of registered owner

Signature of Applicant:

(parent or guardian if applicant is a minor)

_____ This form is signed under penalty of unsworn falsification
pursuant to NH law RSA 641:3

_____ Date

The below information must be filled out by a physician licensed to practice medicine in NH

Name and Description of Medical Condition: _____

Please state how a tinted windshield will alleviate the medical condition:

I certify that: Sunglasses or other protective equipment will **NOT** alleviate the medical condition.

I certify that: A tinted windshield is recommended due to the applicant's medical condition.

I certify that: 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.

Signature of NH Licensed Physician: _____ Date: _____

Name of Physician: _____

Name of Practice: _____ Tele: _____

Address of Practice: _____
Street Town/City Zip Code