State of Louisiana

Parish of _____

WINDOW TINT MEDICAL EXEMPTION AFFIDAVIT

Tint may be placed on the windshield being affixed to the topmost portion of the windshield not to extend more than six inches down from the top.

FULL NAME (LAST, FIRST MIDDLE) | **DRIVER'S LICENSE NUMBER**

DATE OF BIRTH (MM/DD/YYYY) | **PHONE NUMBER ( )**

PHYSICAL ADDRESS			**MAILING ADDRESS** ☐ My mailing address is the same as my physical address.		
STREET ADDRESS			**PO BOX**		
CITY	**STATE**	**ZIP**	**CITY**	**STATE**	**ZIP**

VEHICLE INFORMATION

YEAR	**MAKE**	**MODEL**	**VEHICLE IDENTIFICATION NO.**	**LICENSE PLATE**

Affiant declares that he/she is the registered owner or the spouse or immediate family member having significant use of the above-described Louisiana registered vehicle. Affiant states that, pursuant to L.R.S. 32:361.2, valid medical reasons (indicated below) exist which makes it necessary to equip the above described vehicle with sun-screening material which would be of a light transmission or luminous reflectance in violation of L.R.S. 32:361.1.

Affiant further declares that he/she has not been convicted of any drug offense or any violent crime and authorizes the Department to perform a criminal history inquiry**.**

By my signature below, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

Further, Affiant authorizes the Louisiana State Police access to all medical records related to the medical condition which may qualify as an exemption under L.R.S. 32:361.1 as defined L.R.S. 32:361.2.

Exemption will be valid for the duration of ownership of a vehicle whose owner is age 60 years or older.

I certify and attest under penalty of law, the information provided herein is true and accurate.

SIGNATURE OF AFFIANT | DATE

NOTARY PUBLIC

SEAL / NOTARY NUMBER | **LSP Certificate Number (LSP Use)**

NOT VALID UNLESS AUTHORIZED BY LOUISIANA STATE POLICE

☐ **Approved & Authorized** ☐ **Disapproved**

For the Deputy Secretary, Public Safety Services	Data Number	Date	TSS-MVI Section

(Legal window tint is 25% light transmission.)

NOTE: L.R.S. 32:361.1 provides that the legal limits to the sun screening device (window tint) on a passenger car are light transmissions of 25% for the front side windows, 25% for the rear side windows and 12% for the rear windshield.

WINDOW TINT MEDICAL EXEMPTION

THIS MEDICAL EXEMPTION IS NON-TRANSFERABLE AND EXPIRES THREE (3) YEARS FROM DATE OF ISSUANCE. THE ORIGINAL CERTIFICATE MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AND SHALL BE VOID IF ALTERED OR FALSIFIED.

BELOW THIS LINE FOR OPTOMETRIST OR PHYSICIAN'S USE ONLY

Patient's Full Name _____ **Patient's DOB** _____

Indicate the below listed **World Health Organization International Classification of Disease ICD9-CM** recognized condition which would require a medical exemption under L.R.S. 32:361.2. Provide a complete and detailed description under the section indicated as "DESCRIBE". Louisiana State Police may seek the Medical Advisory Board's opinion whether to grant the medical exemption.

☐ Albinism ☐ Lupus (Lupus Family) ☐ Porphyria

Describe (All other)

Photophobia as a medical condition requires an explanation as to the exemption under L.R.S. 32:361.2. Indicate in detail why a correct pair of sunglasses would not be adequate protection thus requiring the exemption under L.R.S. 32:361.2, and why this exemption under L.R.S. 32:361.2 will not affect the individual's ability to drive at night.

Print Physician Name **Physician Signature** **Date** **(Area Code) Phone Number**