

# 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**

\_\_\_\_\_  
STREET ADDRESS

CITY STATE ZIP

**MAILING ADDRESS**

My mailing address is the same  
as my physical address.

\_\_\_\_\_  
PO BOX

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.

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**

\_\_\_\_\_  
TSS-MVI

For the Deputy Secretary, Public Safety Services  
DPSSP 1060 (REV 7/24)

\_\_\_\_\_  
Data Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
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***

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**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.

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**Print Physician Name**

**Physician Signature**

**Date**

**(Area Code) Phone Number**