



**Ministry of Works and Transport  
Transport Division**

**APPLICATION FOR TINTED WINDOW EXEMPTION (MEDICAL GROUNDS)  
Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020**

The **Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020** provides that the front windscreen must have at least 70% visible light transmittance (VLT), the anti-glare band (AGB) on the front windscreen (6" or 15cm) at least 35% VLT, the front windows at least 35% VLT and the rear windows including the rear windscreen at least 20% VLT. The Regulations provide for an exemption on medical grounds. The exemption certificate, if issued, shall be valid for a period of two (2) years from the date issue, and it shall only apply to the vehicle(s) listed. The exemption certificate must be present in the vehicle at **all** times. On the sale, transfer of ownership, destruction of the vehicle or death of the certificate holder, the exemption certificate will immediately become void and must be surrendered to the Licensing Authority.

**Directions: Please complete form in BLOCK Letters. Sections 1-3** must be completed by the applicant/registered owner and **Section 4** by a Registered Medical Specialist. The completed application must be returned with a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 3 and the previous exemption certificate issued (if applicable) to the Transport Division for processing.

**Section 1: Applicant/Registered Owner Information**

Applicant Name: \_\_\_\_\_  
(Surname, First name)

Address (Street): \_\_\_\_\_

Address (Town/City): \_\_\_\_\_

Mailing Address (if different from above)(Street): \_\_\_\_\_

Address (/TownCity): \_\_\_\_\_

Date of Birth: (DD/MM/YYYY) \_\_\_\_\_ I.D.  / D.P.  / PASSPORT # : \_\_\_\_\_

Sex: Male  / Female  Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Telephone Number: ( ) - \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section 2 (if applicable): The medical exemption is being requested for someone other than the applicant/registered owner, who will be regularly transported in the vehicle and is suffering from a medical condition:**

Name: \_\_\_\_\_  
(Surname, First name)

Address (Street): \_\_\_\_\_

Address (Town/City): \_\_\_\_\_

Mailing Address (if different from above)(Street): \_\_\_\_\_

Address (Town/City): \_\_\_\_\_

Date of Birth: (DD/MM/YYYY) \_\_\_\_\_ I.D.  / D.P.  / PASSPORT # : \_\_\_\_\_

Sex: Male  / Female  Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Telephone Number: ( ) - \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Driver  / Passenger  of vehicle(s) below.

**If the person is a child (under 18 years of age) who will be regularly transported in the vehicle:**

Name of Mother  / Father  / Legal Guardian : \_\_\_\_\_  
(Surname, First name)

Address (Street): \_\_\_\_\_

Address (Town/City): \_\_\_\_\_

Mailing Address (if different from above)(Street): \_\_\_\_\_

Address (Town/City): \_\_\_\_\_

Date of Birth: (DD/MM/YYYY) \_\_\_\_\_ I.D.  / D.P.  / PASSPORT # : \_\_\_\_\_

Parent's Telephone Number: ( ) - \_\_\_\_\_ Email Address: \_\_\_\_\_

I, \_\_\_\_\_ declare that I am the \_\_\_\_\_  
(Relationship)

of the child whose name is \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date: (DD/MM/YYYY)

**Section 3: Vehicle Information**

**List vehicle(s) for which this exemption certificate has been requested. (Attach additional sheets if necessary)**

Vehicle #1 Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour
Vehicle #2 Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour

Is this your first application: Yes  No  If NO, state the Vehicle Registration Number: \_\_\_\_\_

**Declaration of Applicant:**

I, \_\_\_\_\_, hereby declare that (i) the vehicle will be in regular use  
**Name of Applicant/Registered Owner**  
by the applicant  / registered owner  for the purpose of regularly transporting a person, who is suffering from a medical condition and must be shielded from exposure to sunlight while travelling in a vehicle, and (ii) the information provided on this form is true and correct.

\_\_\_\_\_  
**Signature of Applicant/Registered Owner**

\_\_\_\_\_  
**Date (DD/MM/YYYY)**

- N.B:** (1) It is an offence under **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50** to give any particulars which are not correct and you will be liable to prosecution if you do so.  
(2) Application must be supported by documents as proof of address such as a recent Utility Bill or in the case of a rental, a copy of the Lease/Rental Agreement for the rental premises identified and bearing the name of the applicant. If the utility bill or Lease/Rental Agreement is not in the applicant's name, a letter from the owner confirming the applicant's residence and copy of the owner's national identification (ID) MUST be submitted.  
(3) **Section 4 (page 3)** of this application form must be completed by a medical practitioner who is a Registered Medical Specialist in the Medical Specialist Register under the **Medical Board Act, Chap. 29:50**.  
(4) Application must be supported by a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 4 of this application and the previous exemption certificate issued (if applicable).



**Section 4: Certificate of Medical Practitioner**

**This section must be completed by a medical practitioner who is a Registered Medical Specialist in the Medical Specialist Register under the Medical Board Act, Chap. 29:50**

Applicant Name: \_\_\_\_\_  
(Surname, First name)

Applicant I.D.  / D.P.  / PASSPORT # : \_\_\_\_\_

I certify that I have examined the patient, Mr/Mrs/Miss: \_\_\_\_\_ on

\_\_\_\_\_ and in my opinion was at the time suffering from:

(DD/MM/YYYY)

**Medical Condition** (Check the medical condition that applies to the above-named patient)

- albinism;
- chronic actinic dermatitis/actinic reticuloid;
- dermatomyositis;
- lupus erythematosus;
- porphyria.
- xeroderma (pigmentosa) pigmentosum;
- severe drug photosensitivity, provided that the course of treatment causing the photosensitivity is expected to be of prolonged duration;
- photophobia associated with an ophthalmic or neurological disorder; or
- any other condition or disorder causing severe photosensitivity which renders the patient susceptible to harm or injury from exposure to sunlight and the patient is required for medical reasons to be shielded from the direct rays of the sun: \_\_\_\_\_

Name of Medical Condition

Based on my examination and the information above, I recommend  / do not recommend  the above-named patient to be issued with a medical exemption for tint on a motor vehicle.

Medical Practitioner Name: \_\_\_\_\_  
(Surname, First name)

Registered Qualification(s) and Registration Number(s) of Medical Practitioner: \_\_\_\_\_

Office Address (Street): \_\_\_\_\_

Office Address (Town/City): \_\_\_\_\_

Telephone Number: ( ) - Email Address: \_\_\_\_\_

I declare that to the best of my knowledge and belief the information given by me is true and correct. I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of two thousand dollars in accordance with **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50**.

\_\_\_\_\_  
Signature of Medical Practitioner

**Medical Practitioner's Stamp**

Date: \_\_\_\_\_  
(DD/MM/YYYY)

**N.B:** It is an offence under **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50** to give any particulars which are false or incorrect and you will be liable to prosecution if you do so.

<b>For Official Use Only:</b>		# _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
<b>Term of Exemption</b> – Two (2) years from date of issue.		
Permissible Visible Light Transmittance of Front Windscreen AGB _____ % and Windows _____ % on vehicle(s) listed above.		
Requirements: Dual external rear vision side mirrors    YES <input type="checkbox"/> / NO <input type="checkbox"/> / Other: _____		
Date of Issue: _____		Expiration Date: _____
_____ Transport Commissioner	_____ Date (DD/MM/YYYY)	