



# Physician's Written Certification of Necessity for Medical Exemption:



## Maryland Window Tint Limitations

- Medical Exemption (Applicable to Below Listed Owner(s) ONLY – NON-TRANSFERABLE);
- Medical Exemption is valid for the period of time determined by the licensed physician certifying the identified person's medical need;
- Exemption will not exceed two years as set forth in Transportation Article, §22-406(i)(4)(ii), Annotated Code of Maryland, unless authorized by the licensed physician or optometrist specifically denotes the necessity is permanent.\*
- The owner must keep a copy of their approved medical exemption inside the vehicle at all times for review by a police officer, if stopped.

The following information is to be completed by the applicant (Print or Type):

### Vehicle:

Year	Make	Model	Registration Plate Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VIN:

OWNER'S NAME & DRIVER'S LICENSE SOUNDEX #: \_\_\_\_\_

CO-OWNER'S NAME & DRIVER'S LICENSE SOUNDEX # (IF APPLICABLE): \_\_\_\_\_

OWNER'S COMPLETE ADDRESS: \_\_\_\_\_

OWNER'S TELEPHONE #: \_\_\_\_\_

OWNER'S EMAIL ADDRESS: \_\_\_\_\_

OWNER'S COUNTY OF RESIDENCY: \_\_\_\_\_

### THE SECTION BELOW MUST BE COMPLETED AND CERTIFIED BY A MARYLAND LICENSED MEDICAL PHYSICIAN OR OPTOMETRIST:

PATIENT'S NAME: \_\_\_\_\_

CLINICAL DIAGNOSIS (EXPLANATION OF EXACT NATURE OF THE IMPAIRMENT): \_\_\_\_\_

I recommend post-manufacture add on window tinting that restricts the total transmittance of light to less than the **35%** transmittance, currently allowed by law. I certify that extra tinting on the front side windows, rear side windows, rear window and above the AS-1 line on the windshield

TIME PERIOD OF THE NECESSITY FOR EXEMPTION: \_\_\_\_\_  CHECK IF PERMANENT EXEMPTION\*  
(NOT TO EXCEED TWO YEARS FROM DATE OF MEDICAL EVALUATION)

PHYSICIAN'S NAME & LICENSE # (IF APPLICABLE): \_\_\_\_\_

BUSINESS AFFILIATION (IF APPLICABLE): \_\_\_\_\_

COMPLETE BUSINESS ADDRESS: \_\_\_\_\_

PHYSICIAN'S EMAIL ADDRESS: \_\_\_\_\_

PHYSICIAN'S TELEPHONE #: \_\_\_\_\_

I certify and affirm that all information presented in this form is true and correct, that any documents presented are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The above physician's signed statement meets all provisions for a medical exemption set forth in Transportation Article, §22-406(i)(4), Annotated Code of Maryland and the applicable Code of Maryland Regulations governing post-manufacture window tinting. The vehicle is therefore **EXEMPT** from post-manufacturer window tinting regulations requiring at least **35%** light transmittance through regulated windows.

### Distribution:

- Original (Must be kept in vehicle at all times)
- Physician Copy (Optional)

Maryland State Police  
 Automotive Safety Enforcement Division (ASED)  
 6601 Ritchie Highway NE Room 121  
 Glen Burnie, MD 21062 410-768-7388  
[MSP.ASED@maryland.gov](mailto:MSP.ASED@maryland.gov)

