

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 DRIVER'S LICENSE NUMBER DATE OF BIRTH

ADDRESS

CITY STATE ZIP (AREACODE) PHONE NUMBER

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VEHICLE IDENTIFICATION NO.</u>	<u>LICENSE PLATE</u>
Vehicle Information				

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. 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

NOT VALID UNLESS AUTHORIZED BY LOUISIANA STATE POLICE			
<input type="checkbox"/> Approved & Authorized		<input type="checkbox"/> Disapproved	
_____ For the Deputy Secretary, Public Safety Services	_____ Data Number	_____ Date	TESS-MVI _____ Section

(Legal window tint is 40% 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 40% 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 ICD-9-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.361.2 will not affect the individual's ability to drive at night.

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