STATE OF LOUISIANA

Parish of _____

SUN ALLERGY EXEMPTION AFFIDAVIT

NOTE: LRS 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.

_____

NAME & DRIVER'S LICENSE NUMBER

_____

ADDRESS

_____

CITY, STATE, ZIP

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 has not been convicted of a drug offense or a violent crime and authorizes the Department to perform a criminal history inquiry.

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

_____ _____ _____

SIGNATURE OF AFFIANT | DATE | NOTARY PUBLIC & SEAL

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

BELOW THIS LINE FOR PHYSICIAN'S USE ONLY

<u>REASON FOR MEDICAL EXEMPTION, Condition must be verifiable in the American Medical Association Journal</u>

_____

_____

_____

I certify and attest under penalty of law, that I am a licensed physician and the above named applicant is a patient under my care and has a medical condition that meets the requirements as outlined in LRS 32:361.2 and qualifies for the exemption enumerated above to the Tint Law Restrictions under LRS 32:361.1.

_____ _____

SIGNATURE OF PHYSICIAN | DATE

_____ _____

PRINTED PHYSICIAN NAME | PHYSICIAN PHONE NUMBER

BELOW THIS LINE FOR STATE POLICE USE ONLY

NOT VALID UNLESS AUTHORIZED BY LOUISIANA STATE POLICE

☐ Approved & Authorized ☐ Disapproved

_____	_____	_____	**<u>TESS-Towing & Recovery/MVI</u>**
For the Deputy Secretary, Public Safety Services	**Data Number**	**Date**	**Section**

DPSSP1060 (REV 8/05)