



Charles D. Baker, Governor
 Karyn E. Polito, Lieutenant Governor
 Stephanie Pollack, Secretary & CEO
 Erin C. Deveney, Registrar



APPLICATION for TINTED GLASS WAIVER

Medical Affairs Branch, Phone #: 857-368-8020

Tinted Glass Waivers can only be issued to private passenger vehicles owned or operated¹ by the person certified by the physician as being photophobic/photosensitive. This application must be signed by a medical doctor and is subject to review by the Medical Advisory Board.

Tinted Glass Waivers allow additional tinting to the front side windows, rear side windows and/or rear window ONLY. Windshields MAY NOT be tinted below the AS-1 line (upper most six (6) inches).

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City/Town: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Registration Number of vehicle being tinted: _____

THE SECTION BELOW MUST BE COMPLETED AND CERTIFIED BY A MASSACHUSETTS LICENSED MEDICAL DOCTOR

Is the condition: Permanent or Temporary (only permanent conditions will be considered)

Clinical Diagnosis (explanation of exact nature of the impairment): _____

I certify that the person indicated above is photophobic/photosensitive and in my professional opinion requires additional tinting that **cannot** be corrected by effective polarized tinted sun eye wear.

Certifying Physician's Signature²: _____ Date: _____

I certify that extra tinting on the front side windows, rear side windows and/or rear window is a medical necessity that cannot be achieved by any other means.

Certifying Physician's Signature: _____ Date: _____

Certifying Doctor's Name: _____ Mass. Board of Registration Number: _____

Address: _____ Telephone Number: _____

Certifying Physician's Signature: _____ Date: _____

¹ Additional Information may be required.

² All signatures are required

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