Print Form

Nevada Department of Public Safety
DEDICATION. PRIDE. SERVICE.

# STATE OF NEVADA

## DEPARTMENT OF PUBLIC SAFETY

## Highway Patrol Division

### Application for Window Tint Exemption

The following is an application for exemption from the Nevada Window Tint guidelines as set forth in NRS 484D.440; NAC 484D.280 thru .290.

A completed application must be submitted to:
Nevada Highway Patrol, Department of Public Safety
555 Wright Way, Carson City 89711

If approved, the original will be forwarded back to the applicant and serve as authorization for exemption to the window tint law based on identified and approved criteria set forth in this document. The approved document, or copy of, must be carried in the vehicle at all times.

**SECTION 1 - Application**

** No window tint exemption less than 20% VLT will be approved by the Department of Public Safety.*

Name: _____ (Last) _____ (First) _____ (MI)

Mailing Address: _____ (Street/Road) _____ (City) _____ (State) _____ (Zip Code)

Legal Address: (if different) _____ (Street/Road) _____ (City) _____ (State) _____ (Zip Code)

Phone No: _____ Drivers License No: _____

Date of birth: _____

Please list the vehicle's for which this permit has been requested:

PRIMARY VEHICLE

Registered Owner: _____ Make: _____ Model: _____ Year: _____

VIN: _____ Plate Number: _____

SECONDARY VEHICLE

Registered Owner: _____ Make: _____ Model: _____ Year: _____

VIN: _____ Plate Number: _____

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Please check the rationale for the application of this exemption:

☐ MEDICAL (*SECTION* 2 MUST also be completed and submitted*)*.

☐ OTHER (*SECTION* 3 MUST also be completed and submitted*)*.

Declaration: I hereby certify that the above information is true and correct and I am the Primary Driver of all vehicles listed on this application. I further attest that I have read and understand the law surrounding my application for exemption and agree to abide by the conditions outlined. *(It is a felony to knowingly make any false or fictitious statement or entry on this form. If any such statement or entry is made, the signatory will be subject to criminal prosecution.)*

Applicant Signature _____ Date signed _____

**SECTION 2 - MUST BE completed by a currently licensed State of Nevada Physician**

Clinical Diagnosis (*explanation of exact nature of the impairment*)

Recommended Percentage of Visible Light Transmittance (VLT) for Applicant: VLT Percentage 20%

Recommended duration of permit for Applicant (check one):

☐ 4 - year permit *(temporary condition)*

☐ Indefinite *(permanent-stable condition)*

**Declaration:** ***I hereby certify it is a medical necessity that the windows of the aforementioned motor vehicle (s) be tinted for the purpose stated above for said Applicant's medical condition.***

Physician's Signature _____ Physician's Name (please print) _____ Date _____

Mailing Address: _____

Street/Road City State Zip Code

Phone No: _____ License No: _____

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**SECTION 3 - MUST BE completed by Applicant for NAC 484D.285 exemptions.**

Please check the rationale for the application of this exemption:
The motor vehicle(s) referenced in this application are operated

☐ Exclusively as an Ambulance or Hearse *(Copy of the permit issued must be submitted).*

☐ by Fed, State or Local Law Enforcement for canine transportation ,surveillance, undercover or forensic purposes .

Declaration: I hereby certify that the above information is true and correct. *(It is a felony to knowingly make any false or fictitious statement or entry on this form. If any such statement or entry is made, the signatory will be subject to criminal prosecution.)*

** No window tint exemption less than 20% VLT will be approved by the Department of Public Safety.*

Applicant Signature _____ Date signed _____

Business/Agency Name: _____

Mailing Address: _____

Street/Road City State Zip Code

Phone No: _____ Drivers License No: _____

DEPARTMENT USE ONLY SECTION - DO NOT WRITE BEYOND THIS POINT

This letter of exemption is valid for the period indicated and must be carried, at all times, in the vehicle(s) described above. If the vehicle is sold, this waiver is not transferable, and this letter must be returned to the Department of Public Safety at the above-referenced address.

☐ Exemption approved for 4 years. ☐ Exemption approved indefinitely.

Visible Light Transmittance (VLT) for Application approved at: VLT Percentage 20%

Signature DPS Director _____ Name DPS Director _____ Date _____

Signature NHP Chief _____ Name NHP Chief _____ Date _____