



DEPARTMENT OF PUBLIC SAFETY
 DRIVER COMPLIANCE DIVISION
 P O BOX 11415, OKLAHOMA CITY, OK 73136
Tinted Window Exemption Application

I hereby make application to the Oklahoma Department of Public Safety for exemption from the tinted window restriction as set forth in 47 O.S. 12-422. I understand that in order to exempt from the tinted window restrictions, I must possess a letter or other instrument issued by the Oklahoma Department of Public Safety while operating a vehicle belonging to me or in which I am a habitual passenger exempting me from said provisions. I further understand if I make a false application for exemption, I may be subject to punishment under section 17-101 of the Oklahoma Statutes.

THE FOLLOWING TO BE FILLED OUT BY APPLICANT (PLEASE PRINT)

NAME: _____

ADDRESS: _____

VEHICLE DESCRIPTION (ONE TO BE TINTED) YEAR: _____ MAKE: _____ MODEL: _____

VIN# _____ TAG#: _____ EXP: _____

NOTICE: I understand that by signing and submitting this form, my ability to operate a motor vehicle may be reviewed as provided in 47 O.S. § 6-119, pursuant to the standards prescribed by the Driver License Medical Advisory Committee as created in 47 O.S., § 6-118.

SIGNATURE OF APPLICANT

INFORMATION TO BE COMPLETED BY PHYSICIAN (PLEASE PRINT)

PATIENT NAME: _____ DRIVER LICENSE: _____ DATE OF BIRTH: _____

PATIENT LAST EXAMINED: _____ DAY OF _____, 20_____.

In your professional opinion would this condition affect this person's ability to safely operate a motor vehicle under normal or adverse driving conditions?

NO _____ YES _____ DIAGNOSIS: _____

IS CONDITION PERMANENT? _____ YES _____ NO _____ IF NO, PLEASE ESTIMATE LENGTH OF TIME THAT THE CONDITION WILL EXIST (DATE) _____.

OKLAHOMA ADMINISTRATIVE CODE PROVIDES FOR TINTING UP TO BUT NOT TO EXCEED 15 %

PERCENTAGE OF TINT ALLOWED (WINDOWS ON EITHER SIDE OF DRIVER) _____.
 (TO THE REAR OF DRIVER) _____.
 (FRONT WINDSHIELD) _____.

I HAVE EXAMINED THE ABOVE NAME PATIENT AND HAVE MEDICALLY DETERMINED THAT SAID PATIENT REQUIRES TO BE SHIELDED FROM THE SUN WHILE IN A MOTOR VEHICLE AND RECOMMEND WINDOW TINT WHICH IS LESS THAN The minimum allowed percentage of light transmission shall be fifteen percent (15%); provided, an exemption of less than twenty percent (20%) may cause a restriction of "daylight driving only" along with any other appropriate restrictions as determined in accordance Title 47 of the Oklahoma Statutes or O.A.C. 595:10-5 (Medical Aspects), or both, to be placed on the driver license of the person.

PHYSICIAN'S SIGNATURE

PHYSICIAN'S NAME: _____

ADDRESS _____ PHONE: _____

FOR DPS OFFICE USE ONLY

NUMBER ISSUED: _____ DATE ISSUED: _____ EXPIRES: _____

MAIL COMPLETED APPLICATION TO: DEPARTMENT OF PUBLIC SAFETY EMAIL: medicaldesk@dps.ok.gov
 LEGAL - MEDICAL STANDARDS
 P O BOX 53004
 OKLAHOMA CITY, OK 73152

