

From Page 1: Insert new section “Vehicle Information” as follows:

Vehicle Information:		
Plate Number: _____	_____ <i>Name of registered owner</i>	_____ <i>Signature of registered owner</i>
Plate Number: _____	_____ <i>Name of registered owner</i>	_____ <i>Signature of registered owner</i>
Signature of Applicant: (parent or guardian if applicant is a minor)	_____ This form is signed under penalty of unsworn falsification pursuant to NH law RSA 641:3	
		_____ Date

From Page 1: STRIKE everything in the dashed line box and ADD the following:

I certify that:	<input type="checkbox"/> Sunglasses or other protective equipment will NOT alleviate the medical condition.
I certify that:	<input type="checkbox"/> A tinted windshield is recommended due to the applicant's medical condition.
I certify that:	<input type="checkbox"/> The applicant is under my treatment and care and in my professional opinion requires a medical waiver for window tinting as defined under RSA 266:58-a and Saf-C 2500.
Signature of NH Licensed Physician:	_____ Date: _____



Robert L. Quinn
Commissioner of Safety

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
Division of Motor Vehicles**
Stephen E. Merrill Building
23 Hazen Drive, Concord, NH 03305
Telephone: (603)227-4050 FAX (603)271-7800



Elizabeth A. Bielecki
Director of Motor Vehicles

STRIKE "Elizabeth A. Bielecki" and
ADD "John C. Marasco"

STRIKE "WINDOW" and ADD "WINDSHIELD"

APPLICATION FOR TINTED WINDOW MEDICAL WAIVER

RSA 266:58-a, III-a and Saf-C 2500

STRIKE entire line

STRIKE "doctor" and ADD "provider"

Directions: This application must be filled out and signed by a medical doctor. The applicant must return the completed application, along with a photocopy of the vehicle registration(s) (up to 2 vehicles), to the DMV for processing. If approved, a Waiver will be mailed to the applicant.

Applicant Information:

STRIKE "Waiver"
and ADD "permit"

Name: _____ Date of Birth: _____

Address: _____
Street Town/City Zip

Insert new section
"Vehicle
Information"
here. *See
page 2. for
the full
description.

The below information must be filled out by a medical doctor (MD or DO only)

Name and Description of Medical Condition: _____
STRIKE "medical doctor (MD or DO only)"
and ADD "physician licensed to practice
medicine in NH"

Statement of the medical necessity for how tinted windows will alleviate the medical condition:

STRIKE entire line and ADD "Please state how a tinted windshield will alleviate the medical condition."

STRIKE everything in dashed line box and ADD new
section. *See page 2 for full description.

Because of the above information, I therefore:

Recommend ☐ Do Not Recommend ☐ (Please check one)

the above named patient to have a medical waiver for tinted windows on his/her vehicle.

I certify, under the penalty of perjury, that the person whose name appears as the applicant is under my treatment and care and in my professional opinion requires a medical waiver for window tinting as defined under RSA 266:58-a and Saf-C 2500.

Date

Signature of Medical Doctor (MD or DO)

Name of Medical Doctor:

Name of Practice:

STRIKE "Medical Doctor" and ADD "Physician"

Address:

Street

Town/City

Zip Code

Telephone Number:

DSMV 603 (Rev. 5/2019)

STRIKE "5/2019"
and ADD "7-2022"

After
"Address"
INSERT "of
Practice"

STRIKE title and ADD:
"PERMIT FOR TINTED WINDSHIELD MEDICAL WAIVER"

TINTED WINDOW MEDICAL WAIVER

DATE OF ISSUE: _____

STRIKE first sentence and ADD: "Pursuant to Saf-C 2503.05, this permit authorizes after-market windshield tinting on a motor vehicle for medical reasons."

Pursuant to RSA 266:61-A, IX, the holder of this permit is authorized by the Commissioner of Safety to have tinted glass on his/her motor vehicle for medical reasons. Such after-market tinting shall have a light transmittance of not less than 35%, pursuant to RSA 266:58-a.

STRIKE "35" and ADD "70"

This waiver shall allow for the operation and inspection of the motor vehicle whose registration number appears below. **Note:** This waiver and a copy of your medical letter should be kept in your motor vehicle at all times.

STRIKE "waiver and a copy of your medical letter should be kept in your motor vehicle" and ADD "permit must be kept in the motor vehicle identified below"

ISSUED TO: STRIKE "ISSUED TO:" and ADD "THIS PERMIT IS ISSUED TO:"

Name: _____

Signature: _____

STRIKE "Signature: _____"

Address: _____

Date of Birth: _____

STRIKE line and ADD:
"Signature of Applicant _____"

Registration: (plate type) _____

Registrant: _____

Valid for two (2) years
ONLY when endorsed and
signed by applicant

ADD: "(but if applicant is a minor or has a legal guardian, the applicant's parent or legal guardian must sign on applicant's behalf)"

ADD new section to read:

VEHICLE INFORMATION:

Plate Number _____ Plate Type _____

Name of Registered Vehicle Owner _____

By signing this form, I acknowledge that the vehicle referenced above has been authorized to have a tinted windshield.

Signature of Registered Vehicle Owner _____

Expires _____

STRIKE "Expires" and ADD "Expiration:"

ADD "(Rev. 7-2022)"