Print Form



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: First ΜI Last Mailing Address: Street/Road City State Zip Code Legal Address: (if different) Street/Road City State Zip Code **Drivers License No:** Phone No: Date of birth: Please list the vehicle's for which this permit has been requested: PRIMARY VEHICLE Registered Year: Make: Model: Owner: VIN: Plate Number: SECONDARY VEHICLE Registered Make: Model: Year: Owner: VIN: Plate Number:

Form TBD - Window Tint Exemption Application (-)



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Highway Patrol Division

Please check the rationale for the application		
MEDICAL (SECTION 2 MUST also be com	•	
Declaration: I hereby certify that the above in vehicles listed on this application. I further at application for exemption and agree to abide fictitious statement or entry on this form. If any such state	nformation is true and correct and I am test that I have read and understand the by the conditions outlined. (It is a felony to	law surrounding my to knowingly make any false or
Applicant Signature	Date signed	
SECTION 2 - MUST BE completed	by a currently licensed State of Nev	ada Physician
Clinical Diagnosis (explanation of exact nat	ture of the impairment)	
Recommended Percentage of Visible Light	Transmittance (VLT) for Applicant: VI	T Percentag 20%
Recommended duration of permit for Applic	cant (check one):	
4 - year permit (temporary condition)	Indefinite (permanent-stable co	ondition)
Declaration: I hereby certify it is a medical necess for the purpose stated above for said Applicant's n		notor vehicle (s) be tinted
Physician's Signature	Physician's Name (please print)	Date
Mailing Address:		
Street/Road	City State 2	Zip Code
Phone No:	License No:	



STATE OF NEVADA

DEPARTMENT OF PUBLIC SAFETY

Highway Patrol Division

$\underline{SECTION~3}$ - MUST BE completed by Applicant for NAC 484D.285 exemptions.

Please check the rationale for the applica The motor vehicle(s) referenced in this a	<u>₹</u>	
· /	(Copy of the permit issued must be submit	tted).
by Fed, State or Local Law Enforcemen	t for canine transportation ,surveillance, ur	ndercover or forensic purposes.
Declaration: I hereby certify that the abordictitious statement or entry on this form. If any such	ve information is true and correct. (It is	a felony to knowingly make any false o
* No window tint exemption less than	20% VLT will be approved by the D	Department of Public Safety.
A. I. G.		
Applicant Signature	Date signed	
Business/Agency Name:		
Mailing Address:		
Street/Road	City State	Zip Code
Phone No:	Drivers License No:	
DEPARTMENT USE ONLY SEC	CTION - DO NOT WRITE BEYOND	THIS POINT
This letter of exemption is valid for the period above. If the vehicle is sold, this waiver is no Public Safety at the above-referenced address	ot transferable, and this letter must be return	
Exemption approved for 4 years.	Exemption approved i	ndefinitely.
Visible Light Transmittance (VLT) f	For Application approvedat: VLT Percent	ntage 20%
Signature DPS Director	Name DPS Director	Date
Signature NHP Chief	Name NHP Chief	Date