New Jersey Motor Vehicle Commission

STATE OF NEW JERSEY

West Deptford Service Center 215 Crown Point Road Suite100 West Deptford, New Jersey 08086

Dear Applicant:

Information enclosed references legislation that allows sun-screening material for explicit medical reasons such as poly morphous eruption, persistent light reactivity, actinic reticuloid, porphyrins, solar urticaria, and lupus erythematosus.

To apply for sun-screening material, please complete the enclosed application and return to the Motor Vehicle Commission (MVC). The application is to be <u>fully</u> completed by you and your physician. Incomplete or missing information will be cause for rejection. This application does not grant you permission to have sunscreening material applied to your vehicle. All unauthorized sun-screening materials installed are subject to removal, fines and failure to pass New Jersey inspection. Upon sale of vehicle or transfer of license plates, you must return your Medical Exemption for Sun-Screening Certificate to the MVC.

Upon review and approval by MVC you will be issued a "Medical Exemption for Vehicle Sun-Screening Certificate". This certificate will reflect the type of sunscreening material to be applied to a specific vehicle and windows. Applicants approved for sun-screening materials are responsible for removal of this material prior to the sale or transfer of the exempted vehicle.

You must adhere to the New Jersey tint regulation (N.J.A.C. 13:20-1.1-1.8) requirements listed below:

- All medical sun-screening materials must be applied to the portion of the windshield above the AS-1 line. To reduce the transmittance of normally incident light reflection below 70%.
- The sun-screening materials could be applied to the upper most portion of the front side window. To reduce visible light below 35%.
- The sun-screening materials applied to the windshield or front side windows shall not exceed 8%.
- All sun-screening materials applied must be of clear film.

Please visit the MVC Website www.state.nj.us/mvc/Licenses/sunscreening.htm for a list of licensed tinting facilities.

NEW JERSEY MOTOR VEHICLE COMMISSION

REQUEST FOR MEDICAL EXEMPTION TO APPLY VEHICLE SUN-SCREENING

The following information is to be completed by the applicant. (Please print or type.)

Name:				Phone number:		
Driver License No.:						
Address:						
Street		Cit	у	State	Zip Code	
Vehicle						
Make	Model	Year	Plate No.	Vehicle Identi	fication No.	
The following information is	to be <u>completed k</u>	<u>oy your physician</u>	. (Please print	or type.)		
Check the medical condition	that may require the	e application of sun	-screening mat	erial:		
poly morphous li persistent light re						
actinic rectuloid	-					
porphyrins solar urticaria						
lupus erythemate	osus					
Description of Patient's condition		eening:				
If the condition is dermatologica		been done to iden	tify the action sp	pectra or wav	elength eliciting	
photo-sensitive medical condition						
If "Yes," what is the wa If "No," what is the acti						
nysician Information						
Name:						
Business Address:						
Stree	t or P.O Box	City		State	Zip Code	
Medical License No.:		State	Date of	Licensure		
certify, under penalty of law, th	nat the above facts	are true and correc	t to the best of ı	my knowledç	ge.	
Physician's Signature:			Date:		_	