

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0620

APPLICATION FOR SUNSCREENING MEDICAL EXEMPTION

Please Print or Type

SUBMIT APPLICATION TO THE COUNTY TAX COLLECTOR'S OFFICE *****

Original

Duplicate

Lost in Transit

Full Legal Name of Person with Medical Condition as it appears on Florida Driver License or Florida ID:			
First	Middle	Last	

Signature of Person: *I certify that I am a person with Lupus ore similar medical condition and qualify for the exemption as required by sections 316.2951 - 316.2957, Florida Statutes, with certification from either a Florida Physician or Optometrist. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.*

Signature		Date Signed	
Address	City	State	Zip Code
Mailing Address (if different from above).	City	State	Zip Code
Florida DL # or Florida ID #	Date of Birth	Sex	

VEHICLE(S) TO BE EQUIPPED WITH SUNSCREENING MATERIAL

Title Number	Vehicle Identification Number	Year	Make

FLORIDA LICENSED PHYSICIAN OR OPTOMETRIST CERTIFICATION

Physician's or Optometrist's Name (PRINT)	Certification or License Number: (Required)		
Business Address	City	State	Zip Code

In my professional opinion, the applicant has Lupus (systemic lupus erythematosus) or a similar medical condition and qualifies pursuant to section 316.29545 Florida Statutes to have sunscreening material which violates sections 316.2951 - 316.2957, Florida Statutes. Under penalties of perjury, / declare that / have read the foregoing document and that the facts stated in it are true.

Signature of Physician or Optometrist	Telephone Number	Date Signed
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WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 316.29545, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of \$1,000 or both.

Provisions of Law: Section 316.29545, Florida Statutes, provides for the issuance of medical exemption certificates to persons who are afflicted with Lupus or a similar medical condition which requires limited exposure to light and are permitted to have sunscreening material on the windshield, side windows and windows behind the driver which is in violation of the requirements of sections 316.2951 - 316.2957, Florida Statutes.

PROCEDURES AND INSTRUCTIONS FOR APPLYING
FOR A MEDICAL EXEMPTION CERTIFICATE

APPLICATION REQUIREMENTS:

- A. The application must be fully completed.
- B. Proof of medical condition must be completed on this form (HSMV 83390), Florida Licensed Physician or Optometrist Certification.
- C. FEES:

\$3.00	Sunscreening Medical Exemption (Original or Duplicate) (Lost in Transit - No Fee)
\$2.50	Service Fee
\$.50	Branch Fee (when applicable)
\$.55	Mail Fee (when applicable)

No fee required if application is made within 180 days from last issuance date and has been lost in mailing.

EXPIRATION: A medical exemption certificate has no expiration date and is non-transferable. It becomes null and void upon the sale or transfer of the vehicle identified on the certificate.