



Motor Vehicle Division

40-1511 R03/20 azdot.gov

APPLICATION FOR WINDOW TINT MEDICAL EXEMPTION

Arizona Revised Statute (A.R.S.) §28-959.01

Please submit the completed application to MedicalReview@azdot.gov or PO Box 2100, Mail Drop 818Z, Phoenix, AZ 85001

For additional questions please contact Medical Review Program at 602-771-2460

1. New Window Tint Application (requires completed application and medical provider signature) or Duplicate or adding/remove a vehicle (does not require a signature by the Medical Provider)
2. Full printed name of the person with the medical condition
3. Vehicle information of person with the medical condition requesting window tint exemption
4. If you are a habitual passenger of the vehicle, please have registered owner complete Section 4
5. Medical Provider Certification