FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR SUNSCREENING MEDICAL EXEMPTION

Bureau of Motorist Compliance 2900 Apalachee Pkwy, Mail Stop 97 Tallahassee, FL 32399 **Application Type:** □ Original □ Duplicate ☐ Lost-in-transit

Section 1: REGISTRANT	INFORMATION					
•		Registrant's Phone Number	Registrant's Email (Vo	oluntary)	Sex	Date of Birth
(First, Full Middle/Maiden, & Last Name) (Voluntary		(Voluntary)				
FL DL/ID or FEID/Suffix Number Registrant's Mailing Address			City		State	Zip Code
Pogistrant's Posidontial St	root Addross		City		State	Zip Code
Registrant's Residential Street Address			City		State	Zip Code
Section 2: APPLICANT WITH MEDICAL CONDITION						
Note: Please provide the full printed name of the individual with the medical condition. This individual may be different from the registered owner.						
Applicant's Name as It Appears on Driver License						
(First, Full Middle/Maiden, & Last Name)						
I certify that I am a person with one of the following medical conditions:						
□ Lupus, □ Dermatomyositis, □ Albinism, □ Total or Facial Vitiligo, □ Xeroderma Pigmentosum, □ other Autoimmune Disease or other medical condition which						
requires a limited exposure to light, and I qualify for the medical exemption certificate provided for in Section 316.29545, Florida Statutes.						
Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.						
Signature of Applicant with Medical Condition Date						
Oignature of Applicant With	Wedisar Condition			Date		
				1		
Section 3: VEHICLE(S) TO	D BE EQUIPPED WITH SUNSCREENING	G MATERIAL				
Section 3: VEHICLE(S) TO Title Number	D BE EQUIPPED WITH SUNSCREENING Vehicle Identification Number (VIN)	G MATERIAL	Year	Make		
		G MATERIAL	Year	Make		
		G MATERIAL	Year	Make		
		G MATERIAL	Year	Make		
		G MATERIAL	Year	Make		
Title Number	Vehicle Identification Number (VIN)			Make		
Title Number Section 4: PHYSICIAN'S S	Vehicle Identification Number (VIN) STATEMENT OF CERTIFICATION (See	back of form for qualifying au	ithorities.)			
Title Number	Vehicle Identification Number (VIN) STATEMENT OF CERTIFICATION (See	back of form for qualifying au)	
Section 4: PHYSICIAN'S S Print/Type Name of Certifyi	Vehicle Identification Number (VIN) STATEMENT OF CERTIFICATION (See	back of form for qualifying au	nthorities.) fication or License Num			
Title Number Section 4: PHYSICIAN'S S	Vehicle Identification Number (VIN) STATEMENT OF CERTIFICATION (See	back of form for qualifying au	ithorities.)) State	Zip Code
Section 4: PHYSICIAN'S S Print/Type Name of Certifyi	Vehicle Identification Number (VIN) STATEMENT OF CERTIFICATION (See	back of form for qualifying au	nthorities.) fication or License Num			Zip Code
Section 4: PHYSICIAN'S 3 Print/Type Name of Certifyi Business Street Address	Vehicle Identification Number (VIN) STATEMENT OF CERTIFICATION (See	back of form for qualifying au Physician's Certi	Ithorities.) fication or License Num City			Zip Code
Section 4: PHYSICIAN'S 3 Print/Type Name of Certifyi Business Street Address In my professional opinion,	STATEMENT OF CERTIFICATION (See ing Authority the person named in Section 2, above, is	back of form for qualifying au Physician's Certi	cithorities.) fication or License Num City In g medical conditions:	ber (Required	State	,
Section 4: PHYSICIAN'S 3 Print/Type Name of Certifyi Business Street Address In my professional opinion, Lupus (with positive AN.	STATEMENT OF CERTIFICATION (See ing Authority the person named in Section 2, above, is A titer), Dermatomyositis (with positive	back of form for qualifying au Physician's Certi s afflicted with one of the following ANA titer), ANA titer),	ithorities.) fication or License Num City g medical conditions: al or Facial Vitiligo,	ber (Required	State mentosum	n,
Section 4: PHYSICIAN'S 3 Print/Type Name of Certifyi Business Street Address In my professional opinion, Lupus (with positive AN.	STATEMENT OF CERTIFICATION (See ing Authority the person named in Section 2, above, is A titer), Dermatomyositis (with positive ase or other medical condition which requ	back of form for qualifying au Physician's Certi s afflicted with one of the following ANA titer), Albinism, Tot	ithorities.) fication or License Num City Ing medical conditions: al or Facial Vitiligo, If other is selected, diag	ber (Required Geroderma Pig	State mentosum	n, below:
Title Number Section 4: PHYSICIAN'S 3 Print/Type Name of Certifyi Business Street Address In my professional opinion, ☐ Lupus (with positive AN. ☐ other Autoimmune Dise	the person named in Section 2, above, is A titer), □ Dermatomyositis (with positive ase or other medical condition which requests which requires a limited exposite	back of form for qualifying at Physician's Certion of the following ANA titer), ANA titer), Albinism, Total tites a limited exposure to light. The sure to light, and which qualifies the sure to light.	ithorities.) fication or License Num City Ing medical conditions: al or Facial Vitiligo, If other is selected, diagonate person, pursuant to	ber (Required Keroderma Pig gnosis must be section 316.29	State mentosum provided	n, below: da Statutes, to
Section 4: PHYSICIAN'S S Print/Type Name of Certifyi Business Street Address In my professional opinion, Lupus (with positive AN. other Autoimmune Dise	the person named in Section 2, above, is A titer), Dermatomyositis (with positive ase or other medical condition which requires a limited expositial on the windshield, side windows, and	back of form for qualifying au Physician's Certi s afflicted with one of the following ANA titer), Albinism, Totalires a limited exposure to light, and which qualifies windows behind the driver, and	ithorities.) fication or License Num City Ing medical conditions: al or Facial Vitiligo, If other is selected, diagonate the person, pursuant to its exempt from section	ber (Required Keroderma Pig gnosis must be section 316.29	State mentosum provided	n, below: da Statutes, to
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Provisions of Law

Please submit this form to:

Section 316.29545, Florida Statutes, provides for the issuance of medical exemption certificates to persons who are afflicted with Lupus, (SLE or Systemic Lupus Erythematosus), any Autoimmune Disease, or other medical conditions, which require a 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. The following medical conditions require a limited exposure to light in addition to Lupus: Dermatomyositis (Autoimmune Disease), Albinism, Total or Facial Vitiligo, and Xeroderma Pigmentosum.

Note: See the reverse side of this form for instructions, fees and additional information.

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR SUNSCREENING MEDICAL EXEMPTION

Instructions

Instructions vary by application type. Please refer to the application type selected on the top of the application for the appropriate instructions.

Requirements for an Original application:

- 1. Form HSMV 83390, Application for Sunscreening Medical Exemption, accurately completed, including the "Physician's Statement of Certification," which must be completed and signed by one of the following authorities:
 - Physician licensed to practice under Chapters 458, 459, or 460, Florida Statutes.
 - Dermatologist licensed to practice under Chapter 458, Florida Statutes.
 - Physician who practices medicine in a military medical facility, state hospital or federal prison. The physician must include the name and address of the facility.
 - An advanced registered nurse practitioner licensed under Chapter 464, under the protocol of a licensed physician.
 - Physician assistant licensed under chapter 458 or 459, Florida Statutes.
- 2. One of the following proofs of identification is required:
 - A photocopy of a current Florida Driver License
 - A photocopy of a current Florida Identification Card
- 3. Fees for each applicable vehicle: \$ 6.25

Requirements for a Duplicate application:

- 1. Form HSMV 83390, Application for Sunscreening Medical Exemption, accurately completed.
 - The "Physician's Statement of Certification" section does not have to be completed.
 - The checkbox for "Duplicate" must be checked on the top of the form.
- 2. Duplicate fees for each vehicle: \$ 6.25

Requirements for a Lost-in-transit application:

- 1. Form HSMV 83390, Application for Sunscreening Medical Exemption, accurately completed.
 - The "Physician's Statement of Certification" section does not have to be completed.
 - The checkbox for "Lost-in-transit" must be checked on the top of the form.
- 2. No fee is charged for issuing a replacement when the certificate has been lost-in-transit and a completed application is submitted within 180 days of the current issue date.

Additional Information

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