Mississippi Department of Public Safety

Driver Service Bureau

Window Tint Waiver Affidavit

This affidavit must be completed and signed by the attending physician and signed by the tint waiver applicant.

_____ has been examined by me and suffers
Applicant's Name

from the following medical condition(s):

_____

_____

_____

Due to this medical condition the above named applicant is entitled to an exemption under subsection 4 of MS Code 63-7-59.

Physician's Name: _____

Physician's Signature: _____

Physician's Phone Number: _____

Applicant's Name: _____

Applicant's Signature: _____

Applicant, this affidavit must be presented to the Tax Collector's Office in the county the vehicle is registered.

Tax Collector, this affidavit must be presented by the applicant along with proof of ownership of the motor vehicle by the applicant, or a signed affidavit by the owner of a motor vehicle operated for the use of the applicant for which the certificate is being obtained.