

STATE OF FLORIDA  
 DIVISION OF MOTOR VEHICLES  
 2900 Apalachee Parkway, MS# 72  
 Neil Kirkman Building - Tallahassee, FL 32399-0620

## APPLICATION FOR SUN-SCREENING MEDICAL EXEMPTION

*INSTRUCTIONS, PROVISIONS OF LAW AND FEES ARE INDICATED ON REVERSE SIDE OF THIS FORM.*

\*\*\*\*\* **SUBMIT THE COMPLETED APPLICATION TO THE ADDRESS ABOVE** \*\*\*\*\*

<b>1.</b> <input type="checkbox"/> <i>Original</i> <input type="checkbox"/> <i>Duplicate</i> <input type="checkbox"/> <i>Lost-in-Transit</i>			
<b>2. Full Printed Name of the Registered Owner as it appears on their Florida Driver License or Florida ID:</b>			
Registered Owner's First, Middle and Last Name		Registered Owner's Email Address	
Registered Owner's Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Registered Owner's Florida Driver License# or Identification Card #	Date of Birth		Sex
<b>3. Full Printed Name of the Person with the Medical Condition (may be different than the above registered owner) as it appears on their Florida Driver License or Florida ID:</b>			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
<i>I certify that I am a person with Lupus or a similar medical condition which requires 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.</i>			
_____		_____	
(Signature of Person with Medical Condition)		(Date Signed)	
<b>4. VEHICLE(S) TO BE EQUIPPED WITH SUN-SCREENING MATERIAL</b>			
Title Number	Vehicle Identification Number	Year	Make
<b>5. PHYSICIAN'S STATEMENT OF CERTIFICATION (See back of form for qualifying authorities)</b>			
Print/Type Name of Certifying Authority		Certification or License Number: (Required)	
Business Address	City	State	Zip Code
<i>In my professional opinion, the above named person (in section # 3) has Lupus (systemic lupus erythematosus) or a similar medical condition and qualifies pursuant to section 316.29545, Florida Statutes, to have sun-screening material which violates sections 316.2951 - 316.2957, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</i>			
_____		_____	_____
(Signature of Certifying Authority)		(Telephone Number)	(Date Signed)

## 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 sun-screening 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

### APPLICATION REQUIREMENTS (ORIGINAL):

- A. Form HSMV 83390, Application for Sun-Screening 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.
  - Optometrist (for sight only).
  - 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.
- B. One of the following proofs of identification is required:
1. A current Florida driver license.
  2. A Florida identification card.
- C. Fees for EACH applicable vehicle:
- |                |                                   |
|----------------|-----------------------------------|
| \$ 3.00        | Sun-screening Medical Exemption   |
| \$ 5.00        | Service Fee                       |
| <u>\$ .70</u>  | Mail Fee <b>(when applicable)</b> |
| <b>\$ 8.70</b> |                                   |

### APPLICATION REQUIREMENTS (DUPLICATE):

- A. Form HSMV 83390, Application for Sun-Screening Medical Exemption, accurately completed. The "Physician's Statement of Certification" section does not have to be completed. The "Duplicate" block must be checked.
- B. Duplicate fees for EACH vehicle.
- |                |                                   |
|----------------|-----------------------------------|
| \$ 3.00        | Sun-screening Medical Exemption   |
| \$ 5.00        | Service Fee                       |
| <u>\$ .70</u>  | Mail Fee <b>(when applicable)</b> |
| <b>\$ 8.70</b> |                                   |

### APPLICATION REQUIREMENTS (LOST-IN-TRANSIT):

Form HSMV 83390, Application for Sun-Screening Medical Exemption, accurately completed. The "Physician's Statement of Certification" section does not have to be completed. The "Lost-in-transit" block must be checked.

**NOTE:** 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 from the current issue date.

**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.