

GH5 H9 C : : @CF=85
 8 =J=G-CB'C: 'ACHCF'J9<=7 @G'
 &- \$\$'5 dUUM YY'DUF_k UnzAG_ '+&
 BY]'?jf_a Ub'6i]X]b['!HU`U UggYYz: '@' &' --!\$* &\$'
5 DD@7 5 HCB: CF'GI BG7 F99B-B; 'A98=75 @9L9ADHCB'

SEE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS, PROVISIONS OF LAW, AND FEES.

GI 6A H'H<9 7 CAD@H98 5 DD@7 5 HCB'HC'H<9 588 F9GG'56 CJ9

<input type="checkbox"/> Cf]]]bU''	<input type="checkbox"/> 8 i d']WU''	<input type="checkbox"/> @gH]b!HfUbg]h'
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&'': i ``df]bhX'bUa YcZH YfY[]ghfYX'ck bYf Ug]hUddYUfg'cb\]g# Yf: `cf]XU8f]j Yf @WbgYcf': `cf]XU=8 7 UFX`			
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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 ID Card #	Date of Birth		Sex

' ': i ``df]bhX'bUa YcZH YdYfgcb'k]h 'h Y'a YX]WU'WcbX]hcb'fa UniVYX]ZZfYbhZca 'h Y'Uvcj YfY[]ghfYX'ck bYfL' Ug]hUddYUfg'cb\]g# Yf: `cf]XU8f]j Yf @WbgYcf': `cf]XU=8 7 UFX		
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First	Middle	Last
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=Wf]hZniH Uhi=Ua 'UdYfgcb'k]h 'cbY'cZH YZ`ck]b['a YX]WU'WcbX]hcbg. 'SS' @ di gZSS'8 Yfa Urca ncg]hgZSS'5 `V]b]ga Z SS'HcHU'cf': U]U'J]h]] cZcf'SS'LYfcXYfa UD]] a Ybrcgi a zk \]W 'fYei]fYg'U'ja]hX'Yi dcgi fY'lc''] \ hZUbX'=ei U]ZniZcf'h Y a YX]WU'Yi Ya dh]cb Wf]hZ]WU'Y' dfg]XYX Zcf']b'GYW]cb'' % '&') () Z: `cf]XUGHu hYg"

I bXYf'dYbU]hYg'cZdYf'1 fnZ=XYWUfY'h Uhi=Uj YfYUX'h YZcfY[c]b['XcW a YbhUbX'h UhiH Y'ZUWg'ghUHX']b']hUfY'fi Y"

(Signature of Person with Medical Condition)	(Date Signed)
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("J9<=7 @fGLHC'69'9EI =DD98 'K H<'GI BG7 F99B-B; 'A5 H9F=5 @			
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Title Number	Vehicle Identification Number (VIN)	Year	Make

) "D<MG=7 5 BfG'GH5 H9A9BHC: '79FH= 7 5 HCB''fGYY'VUW'cZZ'fa 'Zcf'ei U]Zni]b['U' h cf]h]Ygk			
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Print/Type Name of Certifying Authority		Physician's Certification or License Number (Required)	
Business Address	City	State	Zip Code

=b'a midfcZ]gg]cbU'cd]b]cbZ'h YdYfgcb'bUa YX']b'GYW]cb'' 'Uvcj Y]g'UZZ]WYX'k]h 'cbY'cZH YZ`ck]b['a YX]WU' WcbX]hcbg. 'SS' @ di g'fk]h 'dcb]h]j Y5 B5 'h]hftZSS'8 Yfa Urca ncg]hg'fk]h 'dcb]h]j Y5 B5 'h]hftZSS'5 `V]b]ga ZSS'HcHU'cf': U]U'J]h]] cZSS'LYfcXYfa UD]] a Ybrcgi a zk \]W 'fYei]fYg'U'ja]hX'Yi dcgi fY'lc''] \ hUbX'k \]W 'ei U]Z]Yg'h YdYfgcbZ di fgi Ubhlc'gYW]cb'' % '&') () Z: `cf]XUGHu hYgZlc \ Uj Ygi bgWY]b]b['a U]f]U'cb'h Yk]bXg\]YXZg]XY'k]bXck gZUbX' k]bXck g'V\]bX'h YXf]j YfZUbX']g'Yi Ya dh]Zca 'gYW]cbg'' % '&') %' % '&') +Z: `cf]XUGHu hYg"

I bXYf'dYbU]hYg'cZdYf'1 fnZ=XYWUfY'h Uhi=Uj YfYUX'h YZcfY[c]b['XcW a YbhUbX'h UhiH Y'ZUWg'ghUHX']b']hUfY'fi Y"

(Signature of Certifying Authority)	(Telephone Number)	(Date Signed)
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PROVISIONS OF LAW

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 Xoroderma Pigmentosum.

PROCEDURES AND INSTRUCTIONS

APPLICATION REQUIREMENTS (ORIGINAL):

- A.** 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
 - 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 | Sunscreening Medical Exemption |
| \$ 5.00 | Service Fee |
| <u>\$.70</u> | Mail Fee (when applicable) |
| \$ 8.70 | |

APPLICATION REQUIREMENTS (DUPLICATE):

- A.** Form HSMV 83390, Application for Sunscreening 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 | Sunscreening Medical Exemption |
| \$ 5.00 | Service Fee |
| <u>\$.70</u> | Mail Fee (when applicable) |
| \$ 8.70 | |

APPLICATION REQUIREMENTS (LOST-IN-TRANSIT):

Form HSMV 83390, Application for Sunscreening 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. 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.

★ 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.