

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

**APPLICATION FOR SUNSCREENING MEDICAL EXEMPTION**

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

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

<b>1.</b>	<i>Original</i>	<i>Duplicate</i>	<i>Lost-in-Transit</i>
<b>2. Full printed name of the registered owner as it appears on his/her Florida Driver License or Florida ID Card</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 ID Card #		Date of Birth      Sex	
<b>3. Full printed name of the person with the medical condition (may be different from the above registered owner) as it appears on his/her Florida Driver License or Florida ID Card</b>			
First		Middle	Last
I certify that I am a person with one of the following medical conditions: Lupus, Dermatomyositis, Albinism, Total or Facial Vitiligo, or Xeroderma Pigmentosum, or 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 Person with Medical Condition)		(Date Signed)	
<b>4. VEHICLE(S) TO BE EQUIPPED WITH SUNSCREENING MATERIAL</b>			
Title Number	Vehicle Identification Number (VIN)	Year	Make
<b>5. PHYSICIAN'S STATEMENT OF CERTIFICATION (See back of form for qualifying authorities)</b>			
Print/Type Name of Certifying Authority		Physician's Certification or License Number (Required)	
Business Address		City	State      Zip Code
In my professional opinion, the person named in Section 3 above is afflicted with one of the following medical conditions: Lupus (with positive ANA titer), Dermatomyositis (with positive ANA titer), Albinism, Total or Facial Vitiligo, Xeroderma Pigmentosum, or other Autoimmune Disease or other medical condition (NOTE: diagnosis must be provided below: _____), which requires a limited exposure to light and which qualifies the person, pursuant to section 316.29545, Florida Statutes, to have sunscreening material on the windshield, side windows, and windows behind the driver, and is exempt from 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.			
(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, (SLE or Systemic Lupus Erythematosus, any Autoimmune Disease, or other medical conditions, which require a limited exposure to light and are permitted to have sunscreens 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.**

## **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 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
- 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: \$ 6.25

### **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: \$ 6.25

### **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.