



Secretary of State Tinted Window Certification

This space for use by
Secretary of State.

**Secretary of State
Vehicle Services Department
Special Plates Division
501 S. Second St., Rm. 520
Springfield, IL 62756
217-785-5215
www.cyberdriveillinois.com**

Please mail all required documentation to:
Vehicle Services Department, Special Plates Division,
Attn. Patricia Westwood, 501 S. Second St., Rm. 520,
Springfield, IL 62756.

PLEASE PRINT OR TYPE BELOW:

YEAR _____

DEFINITION: TINTED WINDOW CERTIFICATION (625 ILCS 5/3-412 and 5/12-503)

"A person owning and operating a motor vehicle, who is determined by a physician licensed to practice medicine and is afflicted with or suffers from medical disease such as lupus erythematosus, disseminated superficial actinic porokeratosis or albinism, which would require that person to be shielded from the direct rays of the sun is entitled to operate said vehicle with tinted windows. This exception also applies to a vehicle used in transporting a person when the person resides at the same address as the registered owner and the person is afflicted with or suffering from a qualifying medical condition." However, no exemption from the requirements of subsection (a-5) shall be granted for any condition, such as light sensitivity, for which protection from the direct rays of the sun can be adequately obtained by the use of sunglasses or other eye protective devices.

DIRECTIONS: This document must be signed and completed by the physician and by the applicant.
Please provide the name of the person with the disability and state the diagnosis.

Name of Person with the Disability: _____

Diagnosis: _____

I hereby certify that the physical condition of the person with the disability listed herewith constitutes him/her as a person with the qualifying disabilities as described under 625 ILCS 5/3-412 and 5/12-503. **WARNING:** Any person who knowingly misuses or makes a false or misleading statement on the application may be fined up to \$1,000. **PHYSICIANS:** Do not sign this form if the patient does not meet the above definition.

Physician's Signature Date Physician's License Number

Physician's Name _____ Telephone _____

Address _____ City _____ State _____ ZIP _____

PERSON REQUESTING TINTED WINDOWS:

Under the statutory provision (625 ILCS 5/3-412 and 5/12-503), I hereby apply for and certify that my physical condition entitles me to the issuance thereof. I also am aware the tinted window plate must not be used unless I am the owner and operator of the vehicle or a motor vehicle used in transporting a person medically qualified to have tinted windows when the person resides at the same address as the registered owner of the vehicle.

Date Applicant's Signature

WARNING: MISUSE OF OR FALSE APPLICATION FOR TINTED WINDOW PLATE may result in revocation of the plate and a fine of up to \$500.

Name of Applicant _____ Plate # _____ Telephone _____

Address _____ City _____ State _____ ZIP _____

----- FOR OFFICE USE ONLY -----

Tinted Window Plate Number _____ Expiration Date _____

Issued By _____ Issue Date _____