

STATE OF FLORIDA  
 DIVISION OF MOTOR VEHICLES  
 ATTN: Direct Mail & Title Correction Section, 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** \*\*\*\*\*

1. <input type="checkbox"/> <b>Original</b> <input type="checkbox"/> <b>Duplicate</b> <input type="checkbox"/> <b>Lost-in-Transit</b>			
<b>2. Full Printed Name of the Registered Owner as it appears on their Florida Driver License or Florida ID:</b>			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Registered Owner's Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Registered Owner's Florida DL # or Florida ID #	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.</i>			
<i>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     |
| \$ 2.50 | Service Fee                         |
| \$ .50  | Branch Fee <b>(when applicable)</b> |
| \$ .65  | Mail Fee <b>(when applicable)</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     |
| \$ 2.50 | Service Fee                         |
| \$ .50  | Branch Fee <b>(when applicable)</b> |
| \$ .65  | Mail Fee <b>(when applicable)</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.