



**NEW JERSEY  
MOTOR VEHICLE COMMISSION**

West Deptford Regional Service Center  
215 Crown Point Road, Suite 100  
West Deptford, NJ 08086

**REQUEST FOR MEDICAL EXEMPTION TO APPLY VEHICLE SUN-SCREENING**

The following information is to be completed by the applicant. (Please print or type.)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Vehicle \_\_\_\_\_  
Make Model Year Plate No. Vehicle Identification No.

**The following information is to be completed by your physician.** (Please print or type.)

Check the medical condition that may require the application of sun-screening material:

- poly morphous light eruption
- persistent light reactivity
- actinic rectuloid
- porphyrins
- solar urticaria
- lupus erythematosus

Description of Patient's condition requiring sun-screening:

Recommended treatment:

If the condition is dermatological, has photo testing been done to identify the action spectra or wavelength eliciting a photo-sensitive medical condition?  Yes  No

If "Yes," what is the wavelength eliciting photosensitivity: \_\_\_\_\_ nm or;  
 If "No," what is the action spectra (UVA, UVB, near UV, visible): \_\_\_\_\_

**Physician Information**

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street or P.O Box City State Zip Code

Medical License No.: \_\_\_\_\_ State \_\_\_\_\_ Date of Licensure \_\_\_\_\_

I certify, under penalty of law, that the above facts are true and correct to the best of my knowledge.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(When complete, return to the address above.)**