

**MV-402 (2-08)**

Commonwealth of Pennsylvania  
Department of Transportation  
Vehicle Inspection Division  
P.O. Box 68697  
Harrisburg, PA 17106-8697

**APPLICATION FOR  
SUN SCREENING  
CERTIFICATE OF  
EXEMPTION**

FOR DEPARTMENT USE ONLY

**THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE APPLICANT**

1. Full Name \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_

PA DL/Photo ID # or Bus. ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**NOTE:** Individuals should list their PA Driver's License (PA DL) or Photo ID # in the space provided. Businesses should list their Business ID# (Bus. ID) where indicated (i.e. E.I.N).

2. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Vehicle for which application is being made. Make \_\_\_\_\_ Year \_\_\_\_\_

VIN \_\_\_\_\_ Registration Plate \_\_\_\_\_

Title Number \_\_\_\_\_

4. Windows with after market sun screening for which a certificate of exemption is requested:

**"PLACE X WHERE NEEDED"**

Windshield \_\_\_\_\_

Driver Side: Left Front \_\_\_\_\_

Left Rear \_\_\_\_\_

Passenger Side: Right Front \_\_\_\_\_

Right Rear \_\_\_\_\_

**On vans, station wagons and buses list the number of additional rear side windows:**

Number of additional passenger side right-rear windows: \_\_\_\_\_

Number of additional driver side left-rear windows: \_\_\_\_\_

5. When did you purchase this vehicle? Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

6. When was the sun screening installed? Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
NOTE: To be approved for window darkening products, installation must have been prior to September 8, 1984.  
Month Day Year

6a. If unknown, was sun screening installed prior to your ownership of the vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

7. When was this vehicle first registered by you in Pennsylvania? Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

8. What is the serial number of the current inspection sticker displayed on this vehicle? Number \_\_\_\_\_

I certify under penalty of law that the above facts are true and correct to the best of my knowledge and that the vehicle is equipped with the after market sun screening as indicated.

Vehicle Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

(When vehicle is registered in more than one name, all signatures must appear above.)

**REQUEST FOR MEDICAL EXEMPTION**

This portion must be completed by a licensed physician or optometrist when a certificate of exemption is requested due to a physical condition. **NOTE:** The exemption is valid only for colorless sun screening products that filter ultraviolet rays.

**(Please type or print)**

**PATIENT INFORMATION**

Patient Name \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Brief Description of patients condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Treatment(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN/OPTOMETRIST INFORMATION**

Physician/Optometrist Name \_\_\_\_\_

Business Affiliation (if any) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physician Telephone Number \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE REVERSE SIDE MUST BE COMPLETED BY THE VEHICLE OWNER**