



STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY
Highway Patrol Division
Application for Window Tint Exemption

The following is an application for exemption from the Nevada Window Tint guidelines as set forth in NRS 484D.440; NAC 484D.280 thru .290.

A completed application must be submitted to:
Nevada Highway Patrol, Department of Public Safety
555 Wright Way, Carson City 89711

If approved, the original will be forwarded back to the applicant and serve as authorization for exemption to the window tint law based on identified and approved criteria set forth in this document. The approved document, or copy of, must be carried in the vehicle at all times.

SECTION 1 - Application

* *No window tint exemption less than 20% VLT will be approved by the Department of Public Safety.*

Name:

Last First MI

Mailing Address:

Street/Road City State Zip Code

Legal Address:
(if different)

Street/Road City State Zip Code

Phone No:

Drivers License No:

Date of birth:

Please list the vehicle's for which this permit has been requested:

PRIMARY VEHICLE

Registered Owner: _____ Make: _____ Model: _____ Year: _____

VIN: _____

Plate Number: _____

SECONDARY VEHICLE

Registered Owner: _____ Make: _____ Model: _____ Year: _____

VIN: _____

Plate Number: _____



STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY
Highway Patrol Division

SECTION 3 - MUST BE completed by Applicant for NAC 484D.285 exemptions.

Please check the rationale for the application of this exemption:

The motor vehicle(s) referenced in this application are operated

Exclusively as an Ambulance or Hearse (*Copy of the permit issued must be submitted.*)

by Fed, State or Local Law Enforcement for canine transportation ,surveillance, undercover or forensic purposes .

Declaration: I hereby certify that the above information is true and correct. (*It is a felony to knowingly make any false or fictitious statement or entry on this form. If any such statement or entry is made, the signatory will be subject to criminal prosecution.*)

* *No window tint exemption less than 20% VLT will be approved by the Department of Public Safety.*

Applicant Signature []
Date signed

Business/Agency Name: _____

Mailing Address: _____
Street/Road City State Zip Code

Phone No: _____ Drivers License No: _____

DEPARTMENT USE ONLY SECTION - DO NOT WRITE BEYOND THIS POINT

This letter of exemption is valid for the period indicated and must be carried, at all times, in the vehicle(s) described above. If the vehicle is sold, this waiver is not transferable, and this letter must be returned to the Department of Public Safety at the above-referenced address.

Exemption approved for 4 years. Exemption approved indefinitely.

Visible Light Transmittance (VLT) for Application approved at: VLT Percentage [20%]

Signature DPS Director []
Name DPS Director []
Date

Signature NHP Chief []
Name NHP Chief []
Date