

LEGAL NOTICE NO. 385


REPUBLIC OF TRINIDAD AND TOBAGO

THE MOTOR VEHICLES AND ROAD TRAFFIC ACT, CHAP. 48:50

NOTIFICATION

NOTICE is hereby given pursuant to regulation 6(5) of the Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020 (“the Regulations”), made under section 100 of the Motor Vehicles and Road Traffic Act, that the Licencing Authority approves the forms specified and shown in the Schedule, for use by a person or an entity who is desirous of making an application for an exemption certificate in accordance with the Regulations:

SCHEDULE — Form A [Regulations 6(1)(a) and 7]



Ministry of Works and Transport
Transport Division

APPLICATION FOR TINTED WINDOW EXEMPTION (MEDICAL GROUNDS)
Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020

The Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020 provides that the front windscreen must have at least 70% visible light transmittance (VLT), the anti-glare band (AGB) on the front windscreen (6" or 15cm) at least 35% VLT, the front windows at least 35% VLT and the rear windows including the rear windscreen at least 20% VLT. The Regulations provide for an exemption on medical grounds. The exemption certificate, if issued, shall be valid for a period of two (2) years from the date issue, and it shall only apply to the vehicle(s) listed. The exemption certificate must be present in the vehicle at all times. On the sale, transfer of ownership, destruction of the vehicle or death of the certificate holder, the exemption certificate will immediately become void and must be surrendered to the Licensing Authority.

Directions: Please complete form in BLOCK Letters. Sections 1-3 must be completed by the applicant/registered owner and Section 4 by a Registered Medical Specialist. The completed application must be returned with a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 3 and the previous exemption certificate issued (if applicable) to the Transport Division for processing.

Section 1: Applicant/Registered Owner Information

Applicant Name: _____
(Surname, First name)

Address (Street): _____

Address (Town/City): _____

Mailing Address (if different from above)(Street): _____

Address (Town/City): _____

Date of Birth: (DD/MM/YYYY) _____ I.D. ☐ / D.P. ☐ / PASSPORT # ☐ : _____

Sex: Male ☐ / Female ☐ Place of Birth: _____ Nationality: _____

Telephone Number: () _____ - _____ Email Address: _____

Section 2 (if applicable): The medical exemption is being requested for someone other than the applicant/registered owner, who will be regularly transported in the vehicle and is suffering from a medical condition:

Name: _____
(Surname, First name)

Address (Street): _____

Address (Town/City): _____

Mailing Address (if different from above)(Street): _____

Address (Town/City): _____

Date of Birth: (DD/MM/YYYY) _____ I.D. ☐ / D.P. ☐ / PASSPORT # ☐ : _____

Sex: Male ☐ / Female ☐ Place of Birth: _____ Nationality: _____

Telephone Number: () _____ - _____ Email Address: _____

Relationship to applicant: _____ Driver ☐ / Passenger ☐ of vehicle(s) below.

If the person is a child (under 18 years of age) who will be regularly transported in the vehicle:

Name of Mother ☐ / Father ☐ / Legal Guardian ☐ : _____
(Surname, First name)

Address (Street): _____

Address (Town/City): _____

Mailing Address (if different from above)(Street): _____

Address (Town/City): _____

Date of Birth: (DD/MM/YYYY) _____ I.D. ☐ / D.P. ☐ / PASSPORT # ☐ : _____

Parent's Telephone Number: () _____ - _____ Email Address: _____

I, _____ declare that I am the _____
(Relationship)

of the child whose name is _____

Signature of Parent/Legal Guardian

Date: (DD/MM/YYYY)

[1] [OVER]

Section 3: Vehicle Information**List vehicle(s) for which this exemption certificate has been requested. (Attach additional sheets if necessary)**

Vehicle #1 Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour
Vehicle #2 Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour

Is this your first application: Yes ☐ No ☐ If NO, state the Vehicle Registration Number: _____

Declaration of Applicant:

I, _____, hereby declare that (i) the vehicle will be in regular use
Name of Applicant/Registered Owner

by the applicant ☐ / registered owner ☐ for the purpose of regularly transporting a person, who is suffering from a medical condition and must be shielded from exposure to sunlight while travelling in a vehicle, and (ii) the information provided on this form is true and correct.

 Signature of Applicant/Registered Owner

 Date (DD/MM/YYYY)

N.B: (1) It is an offence under **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50** to give any particulars which are not correct and you will be liable to prosecution if you do so.

(2) Application must be supported by documents as proof of address such as a recent Utility Bill or in the case of a rental, a copy of the Lease/Rental Agreement for the rental premises identified and bearing the name of the applicant. If the utility bill or Lease/Rental Agreement is not in the applicant's name, a letter from the owner confirming the applicant's residence and copy of the owner's national identification (ID) MUST be submitted.

(3) **Section 4 (page 3)** of this application form must be completed by a medical practitioner who is a Registered Medical Specialist in the Medical Specialist Register under the **Medical Board Act, Chap. 29:50**.

(4) Application must be supported by a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 4 of this application and the previous exemption certificate issued (if applicable).



Section 4: Certificate of Medical Practitioner

This section must be completed by a medical practitioner who is a Registered Medical Specialist in the Medical Specialist Register under the Medical Board Act, Chap. 29:50

Applicant Name: _____
(Surname, First name)

Applicant I.D. ☐ / D.P. ☐ / PASSPORT # ☐: _____

I certify that I have examined the patient, Mr/Mrs/Miss: _____ on
_____ and in my opinion was at the time suffering from:
(DD/MM/YYYY)

Medical Condition (Check the medical condition that applies to the above-named patient)

- ☐ albinism;
☐ chronic actinic dermatitis/actinic reticuloid;
☐ dermatomyositis;
☐ lupus erythematosus;
☐ porphyria.
☐ xeroderma (pigmentosa) pigmentosum;
☐ severe drug photosensitivity, provided that the course of treatment causing the photosensitivity is expected to be of prolonged duration;
☐ photophobia associated with an ophthalmic or neurological disorder; or
☐ any other condition or disorder causing severe photosensitivity which renders the patient susceptible to harm or injury from exposure to sunlight and the patient is required for medical reasons to be shielded from the direct rays of the sun: _____

Name of Medical Condition

Based on my examination and the information above, I recommend ☐ / do not recommend ☐ the above-named patient to be issued with a medical exemption for tint on a motor vehicle.

Medical Practitioner Name: _____
(Surname, First name)

Registered Qualification(s) and Registration Number(s) of Medical Practitioner: _____

Office Address (Street): _____

Office Address (Town/City): _____

Telephone Number: () - Email Address: _____

I declare that to the best of my knowledge and belief the information given by me is true and correct. I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of two thousand dollars in accordance with **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50**.

Signature of Medical Practitioner

Medical Practitioner's
Stamp

Date: _____
(DD/MM/YYYY)

N.B: It is an offence under **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50** to give any particulars which are false or incorrect and you will be liable to prosecution if you do so.

For Official Use Only:

☐ Approved ☐ Denied

Term of Exemption – Two (2) years from date of issue.

Permissible Visible Light Transmittance of Front Windscreen AGB _____ % and Windows _____ %
on vehicle(s) listed above.

Requirements: Dual external rear vision side mirrors YES ☐ / NO ☐ / Other: _____

Date of Issue: _____ Expiration Date: _____

Transport Commissioner

Date (DD/MM/YYYY)

SCHEDULE — Form B [Regulation 6(1)(b)]



**Ministry of Works and Transport
Transport Division**

**APPLICATION FOR TINTED WINDOW EXEMPTION
(GENERAL – PROTECTIVE SERVICES AND SECURITY AGENCIES/COMPANIES)
Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020**

The **Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020** provides that the front windscreen must have at least 70% visible light transmittance (VLT), the anti-glare band (AGB) on the front windscreen (6" or 15cm) at least 35% VLT, the front windows at least 35% VLT and the rear windows including the rear windscreen at least 20% VLT. The Regulations provide for exemptions on the grounds of the use of the vehicle and the safety of its occupants. An exemption certificate, if issued, is the property of the Transport Division (Licensing) and shall be present in the vehicle at all times. On the sale, transfer of ownership, destruction of the vehicle or death of the certificate holder, the exemption certificate will immediately become void and must be surrendered to the Transport Division (Licensing).

Directions: Please complete form in BLOCK Letters and TICK as appropriate. The completed application must be returned with (i) a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 3 and the previous exemption certificate issued (if applicable) to the Transport Division for processing.

Section 1 – Applicant/registered owner information: Agency ☐ / Organisation ☐ / Company ☐

Applicant Name: _____
(Surname, First name)

Position/Job Title: _____

Date of Birth: (DD/MM/YYYY) _____ I.D. ☐ / D.P. ☐ / PASSPORT # ☐ : _____

Name of Agency/Organisation/Company: _____

Registration Number of Organisation ☐ /Company ☐ : _____

Address (Street): _____

Address (Town/City): _____

Mailing Address (if different from above)(Street): _____

Address (Town/City): _____

Telephone Number: () - Email Address: _____

Section 2: Entity Classification*

The motor vehicle(s) referenced in this application falls into the following category:

☐ a vehicle which is the property of or used by agencies and organisations specified under **Reg. 6(1)(b)(i)**

☐ (ii)&(iv) of MVRT (Windscreen and Window Tint) Regulations, 2020.

☐ an Ambulance registered under the Emergency Ambulance Services and Emergency Medical Personnel Act, Chap. 29:02.

☐ a body transfer vehicle which is the property of and registered for use by an undertaker ☐ or funeral home ☐

☐ other - specify use of vehicle in relation to operations of organization or company: _____

Section 3: Vehicle Information

List vehicle(s) for which this exemption certificate has been requested. (Attach additional sheets if necessary)

Vehicle #1 - Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour
_____	_____	_____	_____	_____
Vehicle #2 - Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour
_____	_____	_____	_____	_____
Vehicle #3 - Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour
_____	_____	_____	_____	_____
Vehicle #4 - Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour
_____	_____	_____	_____	_____

Declaration of Applicant:

I, _____, _____ of
 Name of Applicant/Registered Owner Position

_____ hereby declare that the
 Agency/Company/Organisation Name
 information provided above is true and correct and hereby apply for an exemption certificate on the grounds stated herein.

 Signature of Applicant/Registered Owner

 Date (DD/MM/YYYY)

N.B: (1) It is an offence under section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50 to give any particulars which are not correct and you will be liable to prosecution if you do so.
 (2)* All applications must be supported by (i) Company registration and validation documents such as a copy of the company/business registration certificates and/or Notice of Directors and (ii) Certificates and approvals for the operations of the organization or company.
 (3) Application must be supported by a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 3 of this application and the previous exemption certificate issued (if applicable).

**For Official Use Only:**

Agency ☐ / Organisation ☐ / Company ☐

- ☐ An Ambulance registered under the Emergency Ambulance Services and Emergency Medical Personnel Act, Chap. 29:02.
☐ A body transfer vehicle which is the property of and registered for use by an undertaker or funeral home.
☐ A vehicle which is the property of or used by agencies and organisations specified under Reg. 6(1)(b)(i)&(ii)&(iv) of MVRT (Windscreen and Window Tint) Regulations, 2020:
☐ (A) the Police Service;
☐ (B) the Fire Service;
☐ (C) the Prison Service;
☐ (D) the Defence Force;
☐ (E) the Customs and Excise Division;
☐ (F) the Strategic Services Agency; or
☐ (G) a protective service agency within the meaning of section 2 of the Supplemental Police Act.
☐ Other: _____

Supporting documentation provided:

- _____
- _____

Total Number of Vehicles for exemption application: _____

Application:

☐ Approved _____ No. of Vehicles ☐ Denied _____ No. of Vehicles

Term of Exemption:

- ☐ Permanent: _____
☐ Temporary: _____ Days ☐ / Weeks ☐ / Months ☐ / Years ☐

Date of Issue: _____ Expiration Date: _____

Exemption Details:


Permissible Visible Light Transmittance of Front Windscreen AGB _____ % and Windows _____ % on vehicle(s) to which the application applies.

Requirements: Dual external rear vision side mirrors YES ☐ NO ☐ Other: _____

 Transport Commissioner

 Date (DD/MM/YYYY)

SCHEDULE — Form C [Regulation 6(1)(b)]



Ministry of Works and Transport
Transport Division

APPLICATION FOR TINTED WINDOW EXEMPTION
(GENERAL – INDIVIDUALS)

Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020

The **Motor Vehicles and Road Traffic (Windscreen and Window Tint) Regulations, 2020** provides that the front windscreen must have at least 70% visible light transmittance (VLT), the anti-glare band (AGB) on the front windscreen (6" or 15cm) at least 35% VLT, the front windows at least 35% VLT and the rear windows including the rear windscreen at least 20% VLT. The Regulations provide for an exemption on the grounds of the use of the vehicle and the safety of its occupants. An exemption certificate, if issued, is the property of the Transport Division (Licensing) and shall be present in the vehicle at all times. On the sale, transfer of ownership, destruction of the vehicle or death of the certificate holder, the exemption certificate will immediately become void and must be surrendered to the Transport Division (Licensing).

Directions: Please complete form in BLOCK Letters and TICK as appropriate. The completed application must be returned with a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 4 and the previous exemption certificate issued (if applicable) to the Transport Division for processing.

Section 1: Applicant/Registered Owner Information

Applicant Name: _____
(Surname, First name)

Date of Birth: (DD/MM/YYYY) _____ I.D. ☐ / D.P. ☐ / PASSPORT # ☐ : _____

Address (Street): _____

Address (Town/City): _____

Mailing Address (if different from above)(Street): _____

Address (Town/City): _____

Telephone Number: () - Email Address: _____

Grounds of Application: (Attach written justification on additional sheets if necessary)

Section 2: Employment Information

Job Title/Profession/Occupation: _____

(If self-employed please complete section 3)

Name of Employer - Organisation/Company/Business: _____

Organisation/Company/Business Registration Number: _____

Address of Employer (Street): _____

Address of Employer (Town/City): _____

Telephone Number: () - Email Address: _____

Certification by Employer:

I _____ certify
(Surname, First name)

that the applicant is an employee or officer holding the position/job title of _____
in our organisation/company/business and hereby recommend ☐ / do not recommend ☐ that the applicant be
considered for an exemption certificate on the grounds stated above.

Name of Head of Organisation/Company/Business _____ Signature _____ Date (DD/MM/YYYY) _____

Section 3: Business information for self-employed persons:

Name of Company/Business: _____

Company/Business Address (Street): _____

Company/Business Address (Town/City): _____

Company/Business Registration Number: _____

Telephone Number: () - Email Address: _____

Name (Surname, First name) Signature Date (DD/MM/YYYY)

[1] [OVER]


Section 4: Vehicle Information
List vehicle(s) for which this exemption certificate has been requested. (Attach additional sheets if necessary)

Vehicle #1 - Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour
Vehicle #2 - Vehicle Registration Number	Chassis/VIN Number	Make	Model	Colour

Declaration of Applicant:
 I, _____, hereby declare that the information provided
 Name of Applicant/Registered Owner
 above is true and correct and hereby apply for an exemption certificate on the grounds stated herein.

 Signature of Applicant/Registered Owner Date (DD/MM/YYYY)

N.B: (1) It is an offence under section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50 to give any particulars which are not correct and you will be liable to prosecution if you do so.
 (2) Application must be supported by documents as proof of address such as a recent Utility Bill or in the case of a rental, a copy of the Lease/Rental Agreement for the rental premises identified and bearing the name of the Applicant. If the utility bill or Lease/Rental Agreement is not in the Applicant's name, a letter from the owner confirming the Applicant's residence and copy of the owner's national identification (ID) MUST be submitted.
 (3) If the Applicant is a Company, the application must be supported by Company validation documents such as a copy of the company/business registration certificate and/or Notice of Directors.
 (4) Application must be supported by a certified copy of the motor vehicle(s) registration in respect of each vehicle listed for section 4 of this application and the previous exemption certificate issued if applicable.



For Official Use Only: # _____

Supporting documentation provided:

- _____
- _____
- _____
- _____

Application:
☐ Approved _____ No. of Vehicles ☐ Denied _____ No. of Vehicles

Term of Exemption: TWO (2) YEARS
 Date of Issue: _____ Expiration Date: _____

Exemption Details:
 Permissible Visible Light Transmittance of Front Windscreen AGB _____ % and Windows _____ %
 on vehicle(s) to which the application applies.
 Requirements: Dual external rear vision side mirrors YES ☐ NO ☐ Other: _____

 Transport Commissioner Date (DD/MM/YYYY)

[2]

Dated this 7th day of December, 2020.

C. CLARKE
Licensing Authority