



Department of Vehicle & Drivers' Licensing

APPLICATION FOR TINT EXEMPTION

A NON- REFUNDABLE Fee of CI 75.00 is required to process this application.

First Name of Applicants:	Last Name of Applicants:	OFFICIAL USE ONLY
Address:		Officers Signature: _____
P.O. Box:		Date: _____
Postal Code:		Front windscreen Tint: _____
Contact #		Tint: _____ No Tint: <input type="checkbox"/> _____ Tint Strip%: _____
Email Address:		Front Driver Door Tint%: _____
Tint Exemption/Type of Business: Security/Medical		Front Driver Door ¼ Tint%: _____
Uploading Medical Tint Letters: <input type="checkbox"/>		Front Passenger Door Tint% _____
Medical Facility:		Front Passenger Door ¼ Tint% _____
Doctors Name:		Rear Left Passenger Door Tint% _____
Security Exemption: Tint/Blackout Film		Rear Left Passenger Door ¼ Tint% _____
Uploading Police Letter: <input type="checkbox"/>		Rear Right Passenger Door Tint% _____
Business License No:		Rear Right Passenger Door ¼ Tint% _____
Renewal Date:		Rear windscreen Tint: _____
Year of Manufacture:	Make:	Model:
Registration #:	Vehicle Identification Number:	
		Other windows: _____ , _____
		Notes:

Part B – Company Details

- Attach CURRENT copy of Trade & Business License (TBL) or a copy of the Certificate of Good Standing (CGS) for registered companies. If TBL or CGS is expired, please attach copy of current renewal receipt.
- ALL questions MUST BE answered for the application to be processed.
- Approvals will be valid for 12 months ONLY.

I _____ understand that my application will be refused if any false or misleading statements are provided in this application.

Signature of Applicant

Date (dd / mm / yyyy)



CAYMAN ISLANDS
GOVERNMENT

DEPARTMENT OF VEHICLE & DRIVERS' LICENSING

P.O. Box 1165 Grand Cayman KY1-1102 Cayman Islands

Tel: (345) 945 8344 Ext. 5513 Fax: (345) 945 8345 Website: www.dvdl.gov.ky



Second check: OFFICIAL USE ONLY

Officers Signature: _____ Date: _____
Front windscreen Tint: _____ Tint: <input type="checkbox"/> No Tint: <input type="checkbox"/> _____ Tint Strip%: _____
Front Driver Door Tint%: _____ Front Driver Door ¼ Tint%: _____
Front Passenger Door Tint% _____ Front Passenger Door ¼ Tint% _____
Rear Left Passenger Door Tint% _____ Rear Left Passenger Door ¼ Tint% _____
Rear Right Passenger Door Tint% _____ Rear Right Passenger Door ¼ Tint% _____
Rear windscreen Tint: _____ Other windows: _____, _____, _____, _____, _____
Notes:

Third check: OFFICIAL USE ONLY

Officers Signature: _____ Date: _____
Front windscreen Tint: _____ Tint: <input type="checkbox"/> No Tint: <input type="checkbox"/> _____ Tint Strip%: _____
Front Driver Door Tint%: _____ Front Driver Door ¼ Tint%: _____
Front Passenger Door Tint% _____ Front Passenger Door ¼ Tint% _____
Rear Left Passenger Door Tint% _____ Rear Left Passenger Door ¼ Tint% _____
Rear Right Passenger Door Tint% _____ Rear Right Passenger Door ¼ Tint% _____
Rear windscreen Tint: _____ Other windows: _____, _____, _____, _____, _____
Notes: