



## 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:	<b>OFFICIAL USE ONLY</b>
Address:		Officers Signature: _____
P.O. Box:		Date: _____
Postal Code:		Front windscreen Tint: _____
Contact #		Tint: <input type="checkbox"/> 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%: _____
Tint Exemption :		Front Passenger Door Tint% _____
Medical Facility:		Front Passenger Door ¼ Tint% _____
Doctors Name:		Rear Left Passenger Door Tint% _____
Security Tint ( i.e. Tint/Blackout Film) Exemption:		Rear Left Passenger Door ¼ Tint% _____
Business License No:		Rear Right Passenger Door Tint% _____
Renewal Date:		Rear Right Passenger Door ¼ Tint% _____
		Rear windscreen Tint: _____
		Other windows: _____ , _____
		Notes:
Year of Manufacture:	Make:	Model:
Registration #:	Vehicle Identification Number:	Reason for Tint Requirement:

#### 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

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**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:	