



Department of Vehicle & Drivers' Licensing

APPLICATION FOR TINT EXEMPTION

A NON- REFUNDABLE Fee of CI 150.00 is required to process this application.

Name/ Applicants Name:	OFFICIAL USE ONLY Officers Signature: _____ Date: ____/____/____
Address:	Front windscreen Tint: Tint: ☐ No Tint: ☐ Tint Strip% ____
P.O. Box: KY -	Front Driver Door Tint% ____ Front Driver Door ¼ Tint% ____
Contact Numbers: (C) (W) Email Address:	Front Passenger Door Tint% ____ Front Passenger Door ¼ Tint% ____
Circle or Underline: Security/Medical Tint Exemption:	Rear Left Passenger Door Tint% ____ Rear Left Passenger Door ¼ Tint% ____
Medical Facility: Doctors Name:	Rear Right Passenger Door Tint% ____ Rear Right Passenger Door ¼ Tint% ____
Security Tint (i.e. Tint/Blackout Film) Exemption:	Rear windscreen Tint: ____ Other windows: ____, ____, ____
Business License No: Renewal Date: Circle or Underline: Type of Business: (E.G. Security/Medical):	Notes:
Year of Manufacture: Make: Model:	
Registration #: Vehicle Identification Number:	

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: _____

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: ☐ _____ No Tint: ☐ _____ Tint Strip% _____			
Front Driver Door Tint% _____		Front Driver Door 1/4 Tint% _____	
Front Passenger Door Tint% _____		Front Passenger Door 1/4 Tint% _____	
Rear Left Passenger Door Tint% _____		Rear Left Passenger Door 1/4 Tint% _____	
Rear Right Passenger Door Tint% _____		Rear Right Passenger Door 1/4 Tint% _____	
Rear windscreen Tint: _____			
Other windows: _____, _____, _____, _____, _____, _____			
Notes: _____			

Third check.

OFFICIAL USE ONLY

Officers Signature: _____		Date: ____/____/____	
Front windscreen Tint: Tint: ☐ _____ No Tint: ☐ _____ Tint Strip% _____			
Front Driver Door Tint% _____		Front Driver Door 1/4 Tint% _____	
Front Passenger Door Tint% _____		Front Passenger Door 1/4 Tint% _____	
Rear Left Passenger Door Tint% _____		Rear Left Passenger Door 1/4 Tint% _____	
Rear Right Passenger Door Tint% _____		Rear Right Passenger Door 1/4 Tint% _____	
Rear windscreen Tint: _____			
Other windows: _____, _____, _____, _____, _____, _____			
Notes: _____			