APPLICATION FOR CERTIFICATION OF TINTED WINDOWS R-317 REV. 4-18

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES COMMERCIAL VEHICLE SAFETY DIVISION

60 STATE STREET, WETHERSFIELD, CT 06161

VEHICLE IDENTI NUMBER (\								
NAME OF REGISTERED	OWNER OF VEHICLE		MARKER PLATE NUMB	ER	YEAR	MAKE	MODEL	
MAILING ADDRESS	(Number and stre	eet)		RESIDE	NCE ADDRESS	(If different from mailing address)	(Numbe	er and street)
(City or town)		(State)	(Zip Code)	(City or t	town)		(State)	(Zip Code)

THIS PERMIT IS NON-TRANSFERABLE

Write the sticker number under the corresponding window box.

FRONT DOOR VENT	FRONT DOOR WINDOW		
PASSENGER	PASSENGER	PASSENGER	PASSENGER
DRIVER	DRIVER	DRIVER	DRIVER

FRONT DOOR VENT	REAR DOOR WINDOW	REAR SIDE QUARTER WINDOW	REAR DOOR WINDOW
PASSENGER	PASSENGER	PASSENGER	PASSENGER
DRIVER	DRIVER	DRIVER	DRIVER

- Each window on the vehicle that has a tint material applied (other than factory tinted windows) must have a certification label affixed in the lower left corner.
- Tint on rear window(s) allowed only when vehicle equipped with outside mirrors on left and right hand side of vehicle per C.G.S. 14-99g(c)(9).

BRANCH WHERE INSPECTED	DATE INSPECTED	
NAME OF INSPECTOR (Please Print)	SIGNATURE OF INSPECTOR	BADGE NUMBER
	X	