

# SUN-SHADING REMOVAL CERTIFICATION

MED 21 (07/01/2020)

|              |
|--------------|
| DMV USE ONLY |
| LOG NUMBER   |

**Purpose:** Use this form to report the removal of sun-shading from a vehicle and request a new registration card without the sun-shading notation.

**Instructions:** Complete this form and return to any DMV customer service center, mail to DMV at the address above, or fax to (804) 367-1384. DMV will issue a new registration card.

| VEHICLE OWNER INFORMATION                    |                        |                          |          |
|--|------------------------|--------------------------|----------|
| VEHICLE OWNER NAME (last, first, mi, suffix) |                        |                          |          |
| DMV CUSTOMER NUMBER                          | BIRTHDATE (mm/dd/yyyy) | DAYTIME TELEPHONE NUMBER |          |
| RESIDENCE/HOME ADDRESS                       |                        |                          |          |
| CITY   |                        | STATE                    | ZIP CODE |
| MAILING ADDRESS (If different from above)    |                        |                          |          |
| CITY   |                        | STATE                    | ZIP CODE |

| VEHICLE INFORMATION   |      |       |              |                             |              |
|---|------|-------|--------------|-----------------------------|--------------|
| Identify each vehicle to have sun-shading material removed (List additional vehicles on reverse.) |      |       |              |                             |              |
| Year  | Make | Model | Title Number | Identification Number (VIN) | Plate Number |
|   |      |       |              |                             |              |
|   |      |       |              |                             |              |
|   |      |       |              |                             |              |
|   |      |       |              |                             |              |

| SUN-SHADING REMOVAL INFORMATION |  |          |
|---------------------------------|--|----------|
| BUSINESS NAME (print)           | NAME OF PERSON WHO REMOVED SUN-SHADING (print) |          |
| BUSINESS ADDRESS                | TELEPHONE NUMBER                               |          |
| CITY                            | STATE  | ZIP CODE |

### Sun-Shading Removal

I certify that the sun-shading material has been removed from this vehicle.

|   |                   |
|---|-------------------|
| SIGNATURE OF PERSON WHO REMOVED SUN-SHADING | DATE (mm/dd/yyyy) |
|---|-------------------|

### Vehicle Owner

- I certify that the sun-shading material has been removed from this vehicle.
- I certify that the sun-shading material was never installed on this vehicle by the previous owner.
- I certify that I have applied for sun-shading medical authorization and will retain the sun-shading material installed on this vehicle by the previous owner. (Complete MED 20)

|                         |                   |
|-------------------------|-------------------|
| VEHICLE OWNER SIGNATURE | DATE (mm/dd/yyyy) |
|-------------------------|-------------------|

| CERTIFICATION   |                   |
|---|-------------------|
| I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. |                   |
| VEHICLE OWNER SIGNATURE   | DATE (mm/dd/yyyy) |