

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**DEPARTMENT OF ADMINISTRATION/DIVISION OF MOTOR VEHICLES**

**RULES AND REGULATIONS REGARDING**  
**THE ISSUANCE OF A DRIVERS LICENSE TO APPLICANTS AND LICENSEES**  
**WHO USE BIOPTIC TELESCOPIC LENSES**

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**I. AUTHORITY**

Pursuant to the provisions of Title 31, Chapter 10, Section 28 of the Rhode Island General Laws regarding the issuance of restricted license.

**II. PURPOSE**

These Rules and Regulations are being promulgated to determine the eligibility of a motorist to use bioptic telescopic lenses and to regulate that use.

**III. RULE**

Visual acuity and horizontal peripheral field of vision standard for applicants and licensees who use bioptic telescopic lenses (please refer to diagram attached as “Appendix A”).

Individuals who use bioptic telescopic lenses are not eligible to receive a (motorcycle) learner’s permit or license. Based upon the advice of the Registry’s Medical Advisory Board, the registrar has determined that such devices pose a safety hazard to both the individual operating the motorcycle and to the public.

Individuals who use bioptic telescopic lenses are eligible to receive learner’s permits and licenses only, provided the following standards are met:

- (1) At least 20/40 distant visual acuity (Snellen) through the telescope, and at least 20/100 distant visual acuity (Snellen) through the carrier lens, and at least 20/100 distant visual acuity (Snellen) through the other lens; and not less than 120 degrees combined horizontal peripheral field of vision; and

**(2) The bioptic telescope used by the applicant or licensee must be:**

<b>Monocular</b>	<b>The telescope must be on one eye only; telescopes over both eyes are not acceptable for licensing purposes.</b>
<b>Fixed focus</b>	<b>Telescopes that need to be rotated to focus are not acceptable.</b>
<b>No greater than 3x</b>	<b>Magnification must not exceed three times.</b>
<b>Spectacle-mounted and an integral part of the lens.</b>	<b>No clip-on or hand-held telescopes are acceptable for licensing purposes.</b>
<b>Located so not to occlude the wearer's line of sight and not to occlude the visual field in the other eye.</b>	<b>The telescope must be affixed to the upper quadrant of the lens so that the wearer's vision while looking through the carrier lens or other lens is not blocked or impeded in any way. See diagram attached as "Appendix A".</b>

**Eligible for a "daylight only" license. A restriction (daylight only) and a restriction (corrective lenses ) must be imposed. If the licensee wishes to have the restriction removed from his or her license, he or she must take and pass a night time driving test.**

**Color vision standard:**

**Applicant or licensee must be able to distinguish the colors red, green and amber.**

**If the applicant or licensee cannot distinguish the colors red, green and amber, a license is not possible.**

**Vision impairment standard:**

**Applicant or licensee must not have unresolvable diplopia (double Vision which cannot be resolved by wearing an eye patch or other suppressive device).**

**If the applicant or licensee does have unresolvable diplopia, a license is not possible.**

**THE VISION SCREENING CERTIFICATE MUST BE COMPLETED AND SIGNED BY THE APPLICANT'S DOCTOR.**



4. Is the customer's vision characterized by:

Diplopia? \_\_\_\_\_ YES \_\_\_\_\_ NO (Check One)

Suppressions? \_\_\_\_\_ YES \_\_\_\_\_ NO (Check One)

Photosensitivity? \_\_\_\_\_ YES \_\_\_\_\_ NO (Check One)

5. Are glasses and/or contact lenses needed for driving?

\_\_\_\_\_ YES \_\_\_\_\_ NO (Check One)

**VISION SCREENING ANALYSIS**

So long as said customer follows the conditions and treatment prescribed on this certificate, in my professional opinion, the operator utilizing Bioptic Telescope, is visually qualified to operate and control safely an ordinary passenger vehicle not being operated to transport passengers for hire.

Conditions, Treatment, or Medication Plan which the customer must follow in order to maintain the validity of my professional opinion.

I, the undersigned doctor or nurse practitioner, agree to keep a copy of this Vision Screening in my office for a one-year period following the date of the screening.

\_\_\_\_\_  
R.I. Registration # Circle one: M.D., O.D., D.C., or N.P.

\_\_\_\_\_  
Date of Screening Signature of M.D., O.D., D.C., or N.P.  
(In Blue or Red Ink)

\_\_\_\_\_  
Office Phone (Area Code & Number) Printed/Typed Name of M.D., O.D.,  
D.C., OR N.P.

**NOTE: THIS CERTIFICATE WILL NOT BE ACCEPTED BY THE REGISTRY AFTER ONE YEAR FROM DATE OF SCREENING. A PHOTOCOPY OF THE CERTIFICATE WILL NOT BE ACCEPTED. ONLY A CERTIFICATE WITH ORIGINAL WRITING WILL BE ACCEPTED.**

#### **IV. EFFECTIVE DATE**

**These Rules and Regulations shall become effective twenty (20) days after filing at the Office of the Secretary of State.**

**I HEREBY CERTIFY THE ABOVE TO BE A TRUE COPY.**

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**THOMAS M. HARRINGTON, ADMINISTRATOR  
DIVISION OF MOTOR VEHICLES**

**SUBSCRIBED AND SWORN TO BEFORE ME THIS 18<sup>TH</sup> DAY OF JANUARY, 2000.**

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**Roseanna Harrington  
NOTARY PUBLIC**

**Filed with the Office of the Secretary of State: January 19, 2000.**

