

SELF-CERTIFICATION FOR COMMERCIAL DRIVER



COMMERCIAL DRIVER INFORMATION

LAST NAME	FIRST NAME	MIDDLE, SUFFIX	
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PHONE (including area code):	DRIVER LICENSE NUMBER	BIRTHDATE (mm/dd/yyyy)	
EMAIL ADDRESS:			

Instructions: Please mark only one box to indicate your certification status.

NI - Non-excepted Interstate

(Current Medical Certificate Required) I meet the qualification requirements under 49 CFR Part 391.

NA – Non-Excepted Intrastate

I do not meet the qualification requirements under 49 CFR Part 391 or I am under 21 years of age.

EI – Excepted Interstate

(Medical Certificate NOT Required) I am EXEMPT from the qualification requirements under 49 CFR Part 391.

EA – Excepted Intrastate

(Medical Certificate NOT Required) I do not meet the requirements of 49 CFR Part 391.

PLEASE NOTE: If you are required to have a Medical Examiner's Certificate, please remember to keep a current Certificate on file with us at all times to ensure your driving status remains Certified so that your license will not be downgraded to a non-commercial license.

I am requesting that Driver Services change my commercial driving status as indicated above, and I hereby certify under penalty of perjury that the above information is true and correct.

APPLICANT SIGNATURE

DATE