



## Medical Self-Certification

Please type or print clearly in blue or black ink.

Commercial Driver License (CDL) Holder Information			
Last Name	First Name	Middle Name	Oklahoma Driver License Number
Mailing Address			
City		State	Zip Code
Home Telephone Number		Cellular Telephone Number	

The information on this form is also included on the driver license application form. This form is only required if you are reporting your "Medical Self-Certification" and do not need a driver license issued (or if you are reporting your medical status for the first time or have had a change of medical certification status).

Only Class A, B, or C drivers that check only the first self-certification box below must submit a copy of their medical certificate. However, ALL Class A, B, or C drivers MUST submit this affidavit.

Please check only one of the following Self-Certification categories that apply to you.

I certify my commercial transportation is:	
<input type="checkbox"/>	1. Non-excepted Interstate (NI). I operate or expect to operate in Interstate commerce and subject to 49 CFR part 39. (Medical certificate and this document must be submitted.)
<input type="checkbox"/>	2. Excepted Interstate (EI). I operate or expect to operate in Interstate commerce, but operation exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 393.3. (Only this document must be submitted.)
<input type="checkbox"/>	3. Non-excepted Intrastate (NA). I operate ONLY in intrastate commerce and subject to state driver qualification requirements. (Only this document must be submitted.)
<input type="checkbox"/>	4. Excepted Intrastate (EA). I operate in intrastate commerce but operating exclusively in transportation or operations excepted from all or part of the state driver qualification requirements. (Only this document must be submitted.)

	YES	NO
Are you submitting a copy of your medical certificate?		

I certify the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date