

Commercial Driver License Intrastate Medical Waiver Application

Use this form to apply for an **intrastate** medical waiver if you have or are applying for a commercial driver license (CDL) and do not meet the minimum federal medical/vision standards. This form is not for drivers that do not have a CDL. For questions about your drive record we suggest you check your driving status online at <u>dol.wa.gov</u>.

Send this form and a complete copy of your most current Medical Examination Report (the DOT medical card is not sufficient) to:

CDL Medical Unit **Department of Licensing** PO Box 9030 Olympia, WA 98507-9030

Email: <u>CDLMED@dol.wa.gov</u> (only CDL medical forms are accepted at this email address) Fax: (360) 570-4915

Allow 7-10 business days for processing. Incomplete applications will not be processed.

PRINT or TYPE Driver name (Last, First	, Middle initial)	
Driver license number	Date of birth	(Area code) Phone number
Describe the disqualifying medical co	ndition(s) for this waiver	
		at the foregoing is true and correct. cancellation of my commercial driving privilege.
	X	
	Signature	Date

Medical examiners use only–This section must be completed by a licensed medical professional listed on the National Registry of Certified Medical Examiners.

Find a certified medical examiner at https://nationalregistry.fmcsa.dot.gov/home.

PRINT or TYPE Medical examiner name				
Office street address				
City	State	ZIP code		
National Registry number		i		
(Area code) Phone number	Professional license number			
Certification The above driver's medical condition is not likely to interfere with the ability to safely operate a commercial motor vehicle and is likely to remain stable for: the next two years Not more than two years				
Medical exam	iner signature	Date		
Title				