

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

Medical Unit, Driver Records
Department of Licensing
 PO Box 9030
 Olympia, WA 98507-9030
 Fax: (360) 570-7893

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

PRINT or TYPE Driver name (<i>Last, First, Middle initial</i>)		
Driver license number	Date of birth	(Area code) Telephone number
Describe the disqualifying medical condition(s) for this waiver		
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that false statements on this application may result in cancellation of my commercial driving privilege.</i>		
X _____ Signature		_____ Date

Physician use only—This section must be completed by a licensed medical doctor (MD), a doctor of osteopathy (DO), a board certified physiatrist (doctor of physical medicine), or an orthopedic surgeon. An optometrist or an ophthalmologist signature is acceptable for vision impairments and a certified nurse practitioner can sign only for monocular vision, color blindness, or hearing impairments.

PRINT or TYPE Medical examiner name and title		
Office street address		
City	State	ZIP code
(Area code) Telephone number	Professional license number	
Certification <i>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:</i>		
<input type="checkbox"/> <i>the next two years</i> <input type="checkbox"/> <i>other</i> _____ Not more than two years		
X _____ Medical examiner signature		_____ Date
_____ Title		