



# 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 [dol.wa.gov](http://dol.wa.gov).

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

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

Email: [CDLMED@dol.wa.gov](mailto:CDLMED@dol.wa.gov) (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.

<b>PRINT or TYPE</b> 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>		
<b>X</b>		
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 [nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam](http://nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam).

<b>PRINT or TYPE</b> Medical examiner name		
Office street address		
City	State	ZIP code
National Registry number		
(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> _____ <div style="text-align: right; margin-right: 50px;">Not more than two years</div>		
<b>X</b>		
Medical examiner signature		Date
Title		