



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.

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: 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.

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

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://www.fmcsa.dot.gov/medical/driver-medical-requirements/national-registry-certified-medical-examiners>.

PRINT or TYPE 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> _____ Not more than two years		
X Medical examiner signature		Date
Title		