

Commercial Driver License Intrastate Medical Waiver Application

(Area code) Phone number

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

PRINT or TYPE Driver name (Last, First, Middle initial)

Describe the disqualifying medical condition(s) for this waiver

Email: CDLMED@dol.wa.gov (only CDL medical forms are accepted at this email address)

Date of birth

Fax: (360) 570-4915

Driver license number

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

Certification I certify under penalty of perjury u I understand that false statements o			
	X		
	Signature		Date
PRINT or TYPE Medical examiner name			
Office street address		State	ZIP code
Office street address		State	ZIP code
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