State of North Carolina North Carolina Department of Transportation Division of Motor Vehicles

MEDICAL CERTIFICATION of Driver Type For Commercial Driver License

Name	(First)	(Middle)	(Last)	(Suffix)	
North Carolina License Number:		Social Security Number		Date of Birth:	
CHECK THE APPROPRIATE BOX FOR THE TYPE OF OPERATION THAT APPLIES TO YOU ONLY ONE BOX MAY BE CHECKED					
NON-EXCEPTED INTERSTATE: operates or expects to operate in interstate commerce, is both subject to and					
	meets the qualification requirements under 49 CFR part 391, and is required to obtain a medical examiner's				
	certificate by 391.45. Commercial driving operation is permitted across state lines and you are required to meet Federal medical requirements. (Required to have a DOT medical card/certificate)				
EXCEPTED INTERSTATE : operates or expects to operate in interstate commerce, but engages exclusively in					
transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391, and is, therefore, not required to obtain a medical examiner's					
	certificate. Commercial driving operation is permitted across state lines for excepted operation only and you are				
	exempt from the Federal medical requirements.				
NON-EXCEPTED INTRASTATE: This certification category is for applicants that will only drive a CMV in					
intrastate commerce and are required to meet the medical requirements for NC. A medical examiners certificate will be required. (Required to have a DOT medical card/certificate and license has restriction					
	<u>"K")</u>				
EXCEPTED INTRASTATE: operates in intrastate commerce but, engages exclusively in transportation or					
operations excepted from all or parts of the State driver qualification requirements. Commercial			uirements. Commercial driving operation		
	is restricted to NC, permitted for excepted operation only and you are exempt from the Federal medical requirements. (License has restriction "K")				
I certify under penalty of perjury that all statements above are true and correct.					
Signat				_Date:	
Please use only one method for submitting your certification documents.					
1. Please email all medical certification documents to: <u>CDLmedical@ncdot.gov</u>					
2.	Please mail all medical cert	ification documents		Imaging Unit	
			Data Capture 3126 Mail Ser		
2	Vou mou dolivor vour medi	ool oortification dee	Raleigh, NC 2		
3.	You may deliver your medi locations and hours can be		-	dmv. If you have any questions	
	please contact the DMV Cus				