

# COMMERCIAL DRIVER LICENSE CERTIFICATION ONLY

**Do not** use this form if you are applying for or renewing your commercial driver license, you must complete a Wyoming Driver License/ID Card Application.



COMMERCIAL DRIVER INFORMATION

LAST NAME	FIRST, MIDDLE, SUFFIX	DRIVER LICENSE NUMBER	BIRTHDATE (mm/dd/yyyy)
MAILING ADDRESS		CITY	STATE ZIP CODE
CONTACT PHONE (including area code):		EMAIL ADDRESS (optional):	

**Instructions:** Please read the following options below to determine which driving status, even if exempt, applies to you. You must mark **one** box. For further clarification, please contact Customer Service at 307-777-4810 or visit our website at [www.dot.state.wy.us](http://www.dot.state.wy.us).

**Non-excepted Interstate (NI)**

I operate in interstate commerce (between states) and am subject to the qualification requirements of 49 CFR Part 391 and required to provide and maintain a current Federal DOT medical examiner's certificate.

**Excepted Interstate (EI)**

I operate in interstate commerce (between states) and only 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 391 and am not required to provide a Federal DOT medical examiner's certificate.

**Non-excepted Intrastate (NA)**

I operate only in intrastate commerce (in Wyoming only) and am subject to and meet the current state's medical requirements and am required to provide a Federal DOT medical examiner's certificate.

**Excepted Intrastate (EA)**

I operate in intrastate commerce (in Wyoming only), but only in transportation or operations that are excepted from all or parts of the state's medical requirements and am not required to provide a Federal DOT medical examiner's certificate.

**Failure to maintain a Federal DOT medical examiner's certificate on file with our Department will result in the cancellation of your driver's license when the certificate expires and a valid one has not been provided.**

Medical Certificate Exemption (complete this section if you checked EI or EA above)

I am a  Government Employee  Firefighter

employed by \_\_\_\_\_ (must provide proof)

to operate a commercial motor vehicle and, because of such employment, I am not required to present a Federal DOT medical examiner's certificate; however, I do understand I am still subject to the Driver Services medical/vision requirements.

**NOTE: Driving outside the scope of these exemptions requires a Federal DOT medical examiner's certificate.**

I am requesting the Department to change my CDL driving status as indicated above and I hereby certify under penalty of perjury, that the above information is true and correct.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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<p><b>**WYDOT USE ONLY**</b></p> <p><b>DOT MEDICAL CERTIFICATE INFORMATION</b></p> <p>ISSUE DATE _____ EXPIRATION DATE _____</p> <p>DOCTOR'S NAME _____ LICENSE # _____</p>	<p>MVID # _____</p> <p><input type="checkbox"/> DOT MEDICAL CARD</p> <p><input type="checkbox"/> DOT LONG FORM</p> <p><input type="checkbox"/> PROOF OF EXEMPTION</p> <p><input type="checkbox"/> SPE CERTIFICATE - EXP DATE _____</p> <p><input type="checkbox"/> FEDERAL WAIVER - EXP DATE _____</p> <p style="text-align: center;"><input type="checkbox"/> VISION <input type="checkbox"/> DIABETES</p>
DRIVER LICENSE EXAMINER SIGNATURE	DATE