

West Virginia Department of Transportation

Division of Motor Vehicles

WV Commercial Driver Licensee Medical Self-Certification Affidavit

WV DMV
PO Box 17010
Charleston, WV
25317

THIS FORM MUST BE COMPLETED BY THE COMMERCIAL DRIVER AND RETURNED TO DMV

PART ONE - Commercial Driver's Name and License Number

Name of Driver _____ License Number _____
EXACTLY AS IT APPEARS ON THE COMMERCIAL DRIVER'S LICENSE

PART TWO - Commercial Driver Status Selection

1.) As a CDL Holder, you must FIRST chose the status that BEST describes you as a commercial driver, Excepted or Non-Excepted.

EXCEPTED Status

OR

NON-EXCEPTED Status

If you transport school children or you are a Federal, State, or local government employee, and you are exempt from the Federal Motor Carrier Safety Administration (FMCSA) medical requirements your status should be listed as Excepted. **(For Excepted status choose ONE of the following below, EA or EI)**

(For Non-Excepted status, choose ONE of the following below, NA or NI)

2.) NEXT, check the appropriate box below your selected status that best describes what type of driver you are.

(EA) Excepted Intrastate

Check here if while using your CDL you **stay within** West Virginia State borders.



OR

(EI) Excepted Interstate

Check here if while using your CDL you **cross** West Virginia State borders.



(NA) Non-Excepted Intrastate

Check here if you are **under the age of twenty-one (21)** or you **require a WV Medical Waiver** to meet FMCSA medical standards. Both scenarios require a "K" restriction on your commercial driver's license. The Non-Excepted Intrastate status allows the commercial driver to travel **in state only**.

You are required to submit a valid DOT Medical Examiner's Certificate (DOT card) and copy of Medical Waiver, if applicable.



OR

(NI) Non-Excepted Interstate

Check here if you do not meet any of the other listed categories. The Non-Excepted Interstate status allows the Commercial driver to travel **in-state and out of state**. **You are required to submit a valid DOT Medical Examiner's Certificate (DOT card).**



PART THREE - Commercial Driver Certification and Return Information

(X) _____ DATE _____
SIGNATURE OF CDL HOLDER

Complete and return this form with ALL additional required documents (if applicable) to:

WV DMV
PO Box 17010
Charleston, WV 25317