Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

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 www.dol.wa.gov. Send this form and a complete copy (the DOT medical card is not sufficient) of your most current Medical Examination Report 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 *(Last, First, Middle initial)*		
Driver license number	Date of birth	(Area code) Telephone number
Describe the disqualifying medical condition(s) for this waiver		

Certification

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.

X **When completed, please print this out and sign here.**

Signature Date

Physician use only–This section must be completed by a licensed medical doctor (MD), a doctor of osteopathy (DO), a board certified physiatrist (doctor of physical medicine), or an orthopedic surgeon. An optometrist or an ophthalmologist signature is acceptable for vision impairments and a certified nurse practitioner can sign only for monocular vision, color blindness, or hearing impairments.

PRINT or TYPE Medical examiner name			
Office street address			
City		State	ZIP code
(Area code) Telephone number	Professional license number		

Certification

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: ☐ *the next two years* ☐ *other* _____

Not more than two years

X **Medical examiner: Please sign here.**

Medical examiner signature Date

Title

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.