



Motor Vehicle Division

Mail Drop 818Z
Medical Review Program
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

INTRASTATE WAIVER APPLICATION

Vision and Limb Impairment/Amputation

96-0544 R10/10 www.azdot.gov

Application Type <input type="checkbox"/> New Application <input type="checkbox"/> Renewal – Original Application Date:
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Waiver Applicant Name		Driver License Number	
Mailing Address	City	State	Zip
Phone Number ()			

Motor Carrier Co-Applicant Name			
Mailing Address	City	State	Zip
Phone Number ()	US DOT Number (if known)		

1. Description of driver's impairment for which waiver is requested.

2. Type of operation the driver will be employed to perform:

- Short relay – drives 4-5 hours to a turnaround point, exchanges trucks and drives back to starting point
- Long relay – drives 11 hours, sleeps for 10 hours and returns to starting point
- Straight through to destination, including coast to coast operation, and typically away from home for _____ nights at a time.
- Sleeper-team – drives constantly for 4 hours followed by 4 hours in the bunk while co-driver drives, and typically away from home _____ nights a week
- Local deliveries, often with frequent stops
- Driver may spend hours climbing in and out of truck to load and unload cargo

3. Geographical area in which the driver will operate:

4. Average period of time the driver will be driving and/or on duty, per day:

5. Type of commodities or cargo to be transported:

6. Number of years experience operating the type of commercial motor vehicle indicated in this application:

Vehicle Type:

- Straight Truck – up to 5 axles, utilizing van, flatbed, tank or dump bodies:
- 26,001 or more lbs
 - Combination Straight Truck with trailer 10,000 lbs or less
 - Less than 26,001 lbs and placarded hazardous materials
- Passenger Vehicle (16 or more, including driver):
- Motor Coach – Seating Capacity _____
 - Bus – Seating Capacity _____
 - School Bus – Seating Capacity _____
 - Van – Seating Capacity _____
- Tractor-Trailer – power unit (tractor) and one or more trailers
- Combination Straight Truck with trailer 10,001 lbs or more

Drive Train:

- Automatic Transmission
- Manual Transmission – Number of Forward Speeds _____
- Auxiliary Transmission – Number of Forward Speeds _____
- Rear Axle– Number Speeds _____

Make (truck, truck-tractor or bus)		Model	Year
Trailer Type (e.g., van, flatbed, cargo tank, drop-frame, lowboy or pole)		Number of Semi-trailers or Full Trailers (to be towed at one time)	
Brake System Type	Steering Type <input type="checkbox"/> Manual <input type="checkbox"/> Power		

Vehicle Modifications – made for the driver applicant (attach photographs where applicable)

I certify that the information above is true and correct, that no changes have been made to my medical status and that I am otherwise qualified under the regulations of 49 CFR Part 391.

Waiver Applicant Signature	Date
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Motor Carrier Official Signature (if co-applicant)	Title	Date
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Notice to All Motor Carriers Employing a Driver with a Skill Performance Evaluation Certificate

This certificate is granted for the operation of the power unit only. It is the responsibility of the employing motor carrier to evaluate the driver with a road test using the trailer types the motor carrier intends the driver to transport, or in lieu of, accept the trailer road test done during the Skill Performance Evaluation if similar trailer types to that of the prospective motor carrier. Also, it is the responsibility of the employing motor carrier to evaluate the driver for those non-driving safety-related job tasks associated with the type of trailers used; as well as, any other non-driving safety-related or job-related tasks unique to the operations of the employing motor carrier.

If you have any questions please contact Medical Review at 602-771-2460. This application can either be faxed to 623-925-9323, or mailed to the address on the front.

Application Requirements for an Arizona Intrastate Medical Waiver

Please take the time to read the application and the attachments carefully. Ensure that the driver and the motor carrier information is complete and that all required information is attached before submitting the application. Incomplete applications will be returned.

The Motor Vehicle Division (MVD), in accordance with Arizona Revised Statutes 28-5204, has established rules that govern the safe operation of Arizona licensed motor carriers and commercial drivers. Arizona Administrative Code R17-5-202 incorporates the provisions of the Federal Motor Carrier Safety Regulations 49 Code of Federal Regulations, Part 391 as the minimum medical standards for Arizona commercial drivers.

Arizona commercial driver applicants not meeting the physical standards as set forth in 49 CFR 391.41 relative to loss of limb, limb impairment or monocular vision may apply for an Intrastate Driver Waiver.

Applications for a waiver must be submitted to MVD by the person who seeks a waiver of physical disqualification in accordance with 49 CFR 391.41 and R17-5-202

A waiver, once granted, may be transferred from original employer to a subsequent employer upon written notification to MVD stating the name of the new employer and type of equipment to be driven.

Intrastate commercial drivers who are approved for a monocular vision waiver are prohibited from transporting passengers for hire, transporting reportable quantities of hazardous substances, manifested hazardous wastes or hazardous material required to be placarded. The granting of the waiver for monocular vision in Arizona does not alter the federal requirements of 49 CFR 391, nor is the intrastate applicant eligible for a federal waiver. **Note:** To qualify for the waiver, you must have two years commercial driving experience for the type of vehicle indicated on the waiver application.

This application must be accompanied by the following:

1. A copy of the results of the medical examination performed pursuant to 49 CFR 391.43.
2. A copy of the medical certificate completed pursuant to 49 CFR 391.43(e). The statement "Accompanied by a _____ waiver/exemption" must appear on the medical examiner's certificate.
3. If applying for a limb impairment/amputation waiver, a medical evaluation summary completed by either board qualified or board certified physiatrist (doctor of physical medicine) or orthopedic surgeon.
 - i. If the medical evaluation summary applies to a driver applicant disqualified under 49 CFR 391.43(b)(1), the summary will include an assessment of the driver's functional capabilities as they relate to the driver's ability to perform normal tasks associated with operating a motor vehicle; or
 - ii. If the medical evaluation summary applies to the driver applicant under 49 CFR 391.43(b)(2), the summary must include an explanation as to how and why the impaired area interferes with the driver's ability to perform normal tasks associated with operating a motor vehicle. The summary must also contain an assessment of whether the condition will likely remain medically stable over the driver applicant's lifetime.
 - iii. A description of any photographs of the driver applicant's prosthetic or orthopedic device worn, if any.
4. If applying for a vision waiver, a vision examination report completed by either a board qualified or board certified ophthalmologist or optometrist.

If the waiver application applies to a driver applicant who has been disqualified under 49 CFR 391.43(b)(10), the summary must include an assessment of the driver's functional capabilities as they relate to the driver's ability to perform normal tasks associated with operating a motor vehicle. Minimum vision requirements include: distant visual acuity of at least 20/40 (Sneller) or better with or without corrective lens in an eye, field of vision of at least 70 degrees in one direction and 35 in the other direction of the horizontal meridian of the applicant's dominant eye and the ability to distinguish colors of signals and devices showing standard red, green and amber.

Note: The job task description is located on the waiver application and must be provided to the physiatrist, orthopedic surgeon or ophthalmologist.

5. Road test: A copy of the driver applicant's road test and certificate issued pursuant to 49 CFR 391.31(b) through (g).
6. A copy of the driver applicant's previous waiver of certain physical defects, where applicable.
7. A copy of the driver applicant's state motor vehicle driving record for the past three years from each state in which a motor vehicle driver license or permit has been obtained.

Agreement

A motor carrier that employs a driver with a waiver agrees to:

1. Evaluate the driver who has been granted a waiver for those non-driving safety related job tasks associated with whatever type of trailer will be used and any other non-driving safety related tasks unique to the operation of the employing motor carrier; and
2. Use the driver to operate the type of motor vehicle defined in the waiver, only when the driver is in compliance with the conditions of the waiver.

Other Conditions

1. The driver must supply each employing motor carrier with a copy of the driver waiver.
2. MVD may require the driver applicant to demonstrate the driver's ability to safely operate the vehicle the applicant intends to drive. The demonstration will evaluate pre-trip and post-trip inspection abilities and driving performance. No evaluation of non-driving safety-related tasks or other non-driving tasks unique to the type of trailer or other motor carrier operations will be performed during Skill Performance Evaluation.
3. MVD may deny the application for waiver or may grant it whole or in part and issue the waiver subject to such terms, conditions and limitations as deemed consistent with the safety and public interest, as in 49 CFR 391.49(h).
4. If MVD grants a waiver, the applicant will be notified by letter, which sets forth the terms, conditions and limitations of the waiver. The motor carrier must retain the letter (or legible copy) in its files for three years from the date it was issued. The individual applicant must have the letter (or legible copy) in the applicant's possession whenever driving or operating a motor vehicle or otherwise on duty.
5. MVD may revoke a waiver after the person to whom it was issued is given notice of the proposed revocation and reasonable opportunity to request a hearing.
6. The vehicle used for the Skill Performance Evaluation must comply with all state and federal motor carrier safety requirements in 49 CFR 393 and 396.

If you have any questions please contact Medical Review at 602-771-2460. The application for waiver can either be faxed to 623-925-9323 or mailed to the address on the front of the application.