

**QUALIFICATIONS OF INTERSTATE DRIVER
CERTIFICATION**

CDL-4 (Rev. 9/99)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME		/FIRST NAME		/MIDDLE NAME		/MAIDEN NAME	
DRIVER LICENSE NUMBER		BIRTH DATE			SOCIAL SECURITY NUMBER		
		MO.	DAY	YEAR	AGE NOW		

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in interstate or Foreign commerce, you must certify to and meet the qualifications as taken from Federal Rule 49 C.F.R., Part 391.

Interstate Commerce means trade, traffic, or transportation in the United States which is between a place in a State and a place outside of such State (including a place outside of the United States) or is between two places in a State through another State or a place outside of the United States.

I certify that I:

- a. am at least 21 years of age.;
- b. can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
- c. am not disqualified to drive a motor vehicle.

I further certify that I:

- 1. Have no loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
- 2. Have no impairment of:
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver.
- 3. Have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
- 4. Have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
- 5. Have no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
- 6. Have no current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
- 7. Have no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
- 8. Have no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
- 9. Have no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
- 10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

(OVER)

- 11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
- 12. Do not use a Schedule I drug or other substance, an emphetamine, a narcotic, or any other habit forming drug; and
- 13. Have no current clinical diagnosis of alcoholism.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS FOR COMMERCIAL MOTOR VEHICLE DRIVERS IN INTERSTATE OR FOREIGN COMMERCE. I FURTHER CERTIFY THAT I MEET ANY OTHER APPLICABLE PROVISIONS AS REQUIRED BY 49 CFR PART 391.11.

Write Usual Signature

Sworn to and subscribed before me on this ____ day of _____, ____

Notary Public or Authorized Officer

DEPARTMENT USE ONLY () WAIVER PRESENTED
