

# WYOMING COMMERCIAL DRIVER LICENSE APPLICATION



**Instructions:** Please complete all but the "WYDOT USE ONLY" section of this application and print clearly. 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).

APPLICANT INFORMATION

LAST NAME	FIRST, MIDDLE, SUFFIX	DRIVER LICENSE NUMBER	BIRTHDATE (mm/dd/yyyy)
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DRIVING STATUS CERTIFICATION

**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) (if checked, complete "Medical Certificate Exemption" below)**

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) (if checked, complete "Medical Certificate Exemption" below)**

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.

**NOTE: 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 (ONLY 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 hereby certify under penalty of perjury, that the above information is true and correct. I understand that the use of a false or fictitious name; and/or knowingly making a false statement; and/or concealing a material fact in this form may result in the cancellation of my Wyoming driver license. I hereby authorize the release of my driving record to authorized recipients.*

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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<p><b>**WYDOT USE ONLY**</b></p> <p style="text-align: center;"><u>DOT MEDICAL CERTIFICATE INFORMATION</u></p> <p>ISSUE DATE _____ EXPIRATION DATE _____</p> <p>DOCTOR'S NAME _____ LICENSE # _____</p>	<p>MVID # _____</p> <p>COMMENTS</p>
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**PROOF DOCUMENTS**

DOT MEDICAL CARD   
  DOT LONG FORM   
  PROOF OF EXEMPTION

SPE CERTIFICATE - EXP DATE \_\_\_\_\_   
  FEDERAL WAIVER - EXP DATE \_\_\_\_\_   
  Vision   
  Diabetes

DRIVER LICENSE EXAMINER SIGNATURE	DATE
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