



COMMERCIAL DRIVER SELF-CERTIFICATION FORM

DRIVER LICENSE NUMBER	
APPLICANTS NAME (Last, First, MI)	DATE OF BIRTH (MM/DD/YYYY) ____/____/____
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE/ TELEPHONE NUMBER	
HOME () _____	OTHER () _____
EMAIL ADDRESS:	

FMCSA CERTIFICATIONS (INITIAL BESIDE APPLICABLE STATEMENT) - See Self-Certification Guidelines

Self-Certification Categories A-D (Initial Only One)	A. _____ Non-Excepted Interstate - I certify that I will operate or expect to operate in interstate or foreign commerce, that I am subject to and meet the FMCSA driver qualification requirements under 49 CFR part 391, and I am required to obtain a medical examiner's certificate. I also certify that I do not have an impairment of an arm, foot, or leg that interferes with the normal tasks associated with the operation of a CMV. (Medical Certificate needed)
A, B – Medical Certificate needed.	B. _____ Non-Excepted Intrastate - I certify that I will operate entirely in intra state commerce only and that I meet the FMCSA driver qualification requirements as defined in 49 CFR 391. I also certify that I do not have an impairment of an arm, foot, or leg that interferes with the normal tasks associated with the operation of a CMV.(Medical Certificate needed)
C, D – Medical Certificate NOT needed.	C. _____ Excepted Interstate - I certify that I will operate or expect to operate in interstate commerce, but engage exclusively 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 part 391, and I am therefore not required to obtain a medical examiner's certificate. (Medical Certificate not needed) D. _____ Excepted Intrastate - I certify that I will operate in city, county, state, or federal vehicle only, and I am exempt from the FMCSA driver qualification requirements of 49 CFR 390.3(f). (Medical Certificate not needed)
Licenses, Disqualifications, and Withdrawals Initial, if Transfer From Another State or First Issuance	_____ I certify that I am not subject to any disqualification defined in 49 CFR §383.51 or any license suspension, revocation, or cancellation pursuant to the laws of any State. _____ I certify that I do not have a driver's license from more than one State or jurisdiction.

REQUIRED ACKNOWLEDGEMENT AND SIGNATURES (INITIAL BESIDE ALL STATEMENTS)

_____ Under penalty of law, I swear or affirm that I am a resident of the State of Georgia or that I qualify for a Nonresident CDL, and the information provided on this application is true and correct. I understand that it is illegal to make false, fictitious, or fraudulent statements on this application. I grant permission to the Department of Driver Services (DDS) to verify information furnished to the Department through the release of any and all applicant information to third parties which shall include, but not be limited to the U.S. Department of Homeland Security, the Federal Motor Carrier Safety Administration or other public or private entities wherein such disclosure of the information by the Department is not prohibited by law.

_____ I understand that the DDS will check my driving record through available national databases, including, but not limited to, the Commercial Driver License Information System (CDLIS), for the purpose of determining my eligibility for issuance of the requested licenses or permits.

Print Name _____
 Applicant's Signature _____ Date ____/____/____

Submitting Documentation Online

-Forms for Individual customers may be submitted by visiting the DDS website at www.dds.ga.gov and uploading your self-certification form and medical certificate/medical waiver (if required).

Submitting Documentation by Mail

- Send copies of your medical certificate, medical waiver, self-certification form and notice to:
 - DDS, Attn: RM-CDL P.O. Box 80447, Conyers, GA 30013

Submitting Documentation in Person

- Visit the DDS website, at www.dds.ga.gov to find your nearest DDS Customer Service Center.
 - Bring copy of medical certificate, medical waiver, self-certification form and notice when visiting our office.

Submitting Documentation by Fax.

- Forms for Individual customers may be submitted by faxing a copy of your self-certification form and medical certificate/medical waiver (if required) and notice (if applicable) to (770) 918-6251. Submissions via fax must be for individual customers. Submission of documentation for multiple customers may be sent by mail.

If you have any additional questions regarding this matter please feel free to contact the DDS' Customer Contact Center at (678) 413-8400 or toll free outside metro Atlanta area: (866) 754-3687