

To: HDOT MVSO DRIVER RECORDS

Fax: 692-7665

From: _____ Date: _____

Re: CDL DRIVER SELF-CERTIFICATION & CURRENT MEDICAL CERTIFICATE

CDL DRIVER'S SELF-CERTIFICATION

Name (last) _____ (first) _____ (middle) _____

CDL NUMBER **H** _____ Date of birth _____ Phone number _____

Check the type of driving you expect to perform. Select only one. For an explanation of each driving operation, visit <http://hawaii.gov/dot/highways/about/hwy-v/mvso.htm>.

- Non-excepted interstate Non-excepted intrastate
- Excepted interstate Excepted intrastate

_____ CDL Driver's signature

MEDICAL EXAMINER'S CERTIFICATE
(SHOW COMPLETE, LEGIBLE, AND CURRENT MEDICAL EXAMINER'S CERTIFICATE)

You can update your Self-Certification and Medical Certification in any of the following ways:

- Fax it to the Department of Transportation at 808-692-7665;
- Email it to: driverrecords.hwyv@hawaii.gov;
- Mail it to the address on this letterhead; or
- Take it to your local CDL office.

If you have questions, call 808-692-7658.