

COMMERCIAL DRIVER'S LICENSE (CDL) SELF-CERTIFICATION

LOG NUMBER

Purpose: Use this form to record and/or change a CDL driver's self-certification category for the driver's type of commercial motor vehicle operation as required by VA Code §46.2-341.12(G).

Instructions: Complete Self-Certification section and, if eligible, finalize form and attach any required documentation.

To submit ON-LINE, visit www.dmvNOW.com - under Important Notices, click on New CDL Medical Certification Requirements. You will be required to scan this form and any applicable documents.

Or, you may submit your information to DMV Driver Support by MAIL to the above address, FAX to 804-367-6692 or by visiting any DMV customer service center.

DMV will process your information within 10 business days.

SELF-CERTIFICATION (Check the box for the category that applies to you.)

INTERSTATE DRIVER

- NON-EXCEPTED - I meet the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations.
(Medical examiner's certificate required)
- EXCEPTED - I am exempt from the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations.
(No medical examiner's certificate required)

INTRASTATE DRIVER

- NON-EXCEPTED - I meet the qualification requirements under Title 19 §30-20-80 of the VA Administrative Code.
(Medical examiner's certificate or state-approved letter required)
- EXCEPTED - I am exempt from the qualification requirements under Title 19 §30-20-80 of the VA Administrative Code.
(No medical examiner's certificate or state-approved letter required)

TO SUBMIT YOUR SELF-CERTIFICATION

YOU CANNOT USE THIS FORM IF:

(A) - you checked NON-EXCEPTED Interstate/Intrastate Driver, you have been granted a federal medical variance/waiver/Skill Performance Evaluation Certificate (SPE) and your current license does NOT display a "V" restriction,

OR

(B) - you checked EXCEPTED Interstate/Intrastate Driver and your current license displays a "V" restriction.

You must go to a DMV customer service center to submit your self-certification with a completed form DL 1P, "Driver License and Identification Card Application" and any necessary documentation. You will be issued a new license.

If neither A nor B applies to you, complete the Commercial Driver Information below, sign and date the Certification and submit completed form with any necessary documentation according to the instructions shown at the top of this form.

COMMERCIAL DRIVER INFORMATION

APPLICANT FULL LEGAL NAME (print) (last)			(first)	(middle)	(suffix)	CDL NUMBER
ADDRESS (street)			(city)	(state)	(zip code)	VA
BIRTHDATE (mm/dd/yyyy)	DAYTIME TELEPHONE NUMBER ()	EMAIL ADDRESS (print clearly)				

CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement on this form is a criminal violation.

DATE (mm/dd/yyyy)	APPLICANT SIGNATURE
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