

State of North Carolina
North Carolina Department of Transportation
Division of Motor Vehicles
FOR COMMERCIAL DRIVER LICENSE

Name	(First)	(Middle)	(Last)	(Suffix)
North Carolina License Number:		Social Security Number:		Date of Birth:
CHECK THE APPROPRIATE BOX FOR THE TYPE OF OPERATION THAT APPLIES TO YOU ONLY ONE BOX MAY BE CHECKED				

☒ **NON-EXCEPTED INTERSTATE:** operates or expects to operate in interstate commerce, is both subject to and meets the qualification requirements under 49 CFR part 391, and is required to obtain a medical examiner's certificate by 391.45. Commercial driving operation is permitted across state lines and you are required to meet Federal medical requirements. **(Required to have a DOT medical card/certificate)**

☐ **EXCEPTED INTERSTATE:** operates or expects to operate in interstate commerce, but engages 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 is, therefore, not required to obtain a medical examiner's certificate. Commercial driving operation is permitted across state lines for excepted operation only and you are exempt from the Federal medical requirements.

☐ **NON-EXCEPTED INTRASTATE:** This certification category is for applicants that will only drive a CMV in intrastate commerce and are required to meet the medical requirements for NC. **A medical examiners certificate will be required. (Required to have a DOT medical card/certificate and license has restriction "K")**

☐ **EXCEPTED INTRASTATE:** operates in intrastate commerce but, engages exclusively in transportation or operations excepted from all or parts of the State driver qualification requirements. Commercial driving operation is restricted to NC, permitted for excepted operation only and you are exempt from the Federal medical requirements. **(License has restriction "K")**

I certify under penalty of perjury that all statements above are true and correct.

Signature: _____ **Date:** _____

Please use only one method for submitting your certification documents.

1. Please email all medical certification documents to: CDLmedical@ncdot.gov
2. Please mail all medical certification documents to: **NCDMV
Data Capture Imaging Unit
3126 Mail Service Center
Raleigh, NC 27699-3126**
3. You may deliver your medical certification documents to your local DMV office. A list of office locations and hours can be found on our website www.ncdot.gov/dmv. If you have any questions please contact the DMV Customer Call Center at (919) 861-3599.