

State of North Carolina
North Carolina Department of Transportation
Division of Motor Vehicles

**MEDICAL CERTIFICATION
of Driver Type
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.

(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.

(See Medical Certification Requirements FAQ Sheet)



NON-EXCEPTED INTRASTATE: operates only in intrastate commerce and, therefore, is subject to State driver requirements.

(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

(License has restriction "K")

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

Signature: _____ **Date:** _____

1) Scan the documents and then email them to: CDLmedical@ncdot.gov

2) Deliver this form and medical documents to your local NCDMV office. A list of office locations and hours can be found on our website www.ncdot.gov

Please contact the CDL Medical Certification Unit at (919) 861-3599 if you have any questions regarding this form.