

## Commercial Driver License Intrastate Medical Waiver Application

Use this form to apply for an **intrastate** medical waiver if you have or are applying for a commercial driver license (CDL) and do not meet the minimum federal medical/vision standards. This form is not for drivers that do not have a CDL. For questions about your drive record we suggest you check your driving status online at [www.dol.wa.gov](http://www.dol.wa.gov). Send this form and a complete copy (the DOT medical card is not sufficient) of your most current Medical Examination Report to:

CDL Medical Unit  
**Department of Licensing**  
PO Box 9030  
Olympia, WA 98507-9030

Email: [CDLMED@dol.wa.gov](mailto:CDLMED@dol.wa.gov) (only CDL medical forms are accepted at this email address)  
Fax (360) 570-4915

Allow 7-10 business days for processing. Incomplete applications will not be processed.

<b>PRINT or TYPE</b> Driver name ( <i>Last, First, Middle initial</i> )		
Driver license number	Date of birth	(Area code) Telephone number
Describe the disqualifying medical condition(s) for this waiver		
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that false statements on this application may result in cancellation of my commercial driving privilege.</i>		
<b>X</b> Signature		Date

**Physician use only**—This section must be completed by a licensed medical doctor (MD), a doctor of osteopathy (DO), a board certified physiatrist (doctor of physical medicine), or an orthopedic surgeon. An optometrist or an ophthalmologist signature is acceptable for vision impairments and a certified nurse practitioner can sign only for monocular vision, color blindness, or hearing impairments.

<b>PRINT or TYPE</b> Medical examiner name		
Office street address		
City	State	ZIP code
(Area code) Telephone number	Professional license number	
Certification <i>The above driver's medical condition is not likely to interfere with the ability to safely operate a commercial motor vehicle and is likely to remain stable for:</i> <input type="checkbox"/> <i>the next two years</i> <input type="checkbox"/> <i>other</i> _____ <div style="text-align: right; margin-right: 100px;">Not more than two years</div>		
<b>X</b> Medical examiner signature		Date
_____ Title		