

### Medical Self Certification

Please read the list of options below to determine which medical certification applies to you.  
Please mark only one box.

- A – Non-Excepted Interstate
- Driver drives interstate or intrastate and holds a Commercial Driver License (this includes drivers that are not currently operating a Commercial Motor Vehicle);
  - Must have a Valid DOT card;
  - Driver must be at least 21 years old.
- B – Excepted Interstate
- Driver drives interstate but is excepted under FMCSR 390.3 (f)
    - School bus designed to carry more than 10 passengers including the driver;
    - Vehicle used by Federal, State or an agency of State government;
    - Transporting personal property;
    - Transporting human remains, or sick or injured persons;
    - Operating fire trucks and rescue vehicles;
    - Operating a vehicle designed to carry 9-15 passengers including the driver not for direct compensation;
    - A driver transporting propane for winter heating or a driver responding to a pipeline emergency
  - Driver must be at least 21 years old;
  - DOT card is not required for this category.
- C – Non-Excepted Intrastate
- Must be accompanied by a Utah Intrastate Waiver card;
  - The driver does not meet the guidelines to obtain a valid DOT Medical card under CFR part 391;
    - Must complete any medical reports required by the Driver License Division;
  - Driver must be at least 21 years old;
  - Must obtain a K restriction on the license and may only drive intrastate.
- D – Excepted Intrastate
- Driver is under 21 years old;
  - Has a valid DOT Medical card;
  - Must have a K restriction added to the license;
  - Not eligible to drive interstate because they are under age 21.

For the medical certification process to be complete this form must be submitted to the Division every two (2) years or upon renewal of your DOT card or Utah Intrastate Waiver card, the issuance of any CDL driver license or the status indicated above changes.

Please be advised that you may need to provide additional medical information to meet requirements of the Utah Medical Program.

I, the undersigned, certify that, to the best of my knowledge, the above self certification is true and correct.

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date