

# Kansas Commercial Driver's License Holder – Medical Self Certification

Effective: January 30, 2012

The Kansas Division of Vehicles is collecting CDL applicants' Medical Self Certification as Part of the CDL as required by Federal Motor Carrier Safety Regulations, 49 CFR Part 383, 384, 390 & 391.

## Part A

Name of Driver: (Print Clearly) (Last, First, Middle, Suffix) \_\_\_\_\_

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Kansas Driver's License or Commercial License Number: \_\_\_\_\_

Today's Date: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Note: Only Class A, B, or C applicants that check the **first** self-certification box below must submit a copy of their valid medical certification card. (Kansas does not require the medical certification long form). **All** Commercial Class A, B, or C applicants must submit this self-certification upon original application, renewal, upgrade or transfer of a Kansas commercial driver's license.

*The Driver's License Agency is not responsible for determining a driver's self-certification classification; that is the sole responsibility of the driver.* You may submit your medical card in person to a full service exam station, you may also mail, email or fax in your medical card.

**Mail: P.O. Box 2188 Topeka, KS 66601-2188. Email: kdor\_medical.certification@ks.gov Fax: 785-296-5859**

## Part B

I certify my commercial transportation is: (Check only one of the following categories that apply to you).

Category 1. Interstate, and I am both subject to and meet 49 CFR Part 391. (**Copy of DOT medical card and this certification must be submitted to the State Driver's License Agency**) (Complete reverse side of this form).

Category 2. Interstate, but operating exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68, or 398.3. (Only this certification must be submitted to the State Driver's License Agency).

Category 3. Intrastate, and I am both subject to and meet State driver medical qualification requirements. (Requires driver to carry medical card; however, only this certification must be submitted to the State Driver's License Agency). (**Requires Intrastate only "K" restriction on CDL credential**)

Category 4. Intrastate, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements. (Only this certification must be submitted to the State Driver's License Agency). (**Requires Intrastate only "K" restriction on CDL credential**)

Driver's Signature (Required) \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_\_

Daytime Phone w/Area Code: \_\_\_\_\_

Email address: \_\_\_\_\_