



Driving Certification for Maryland Commercial Driver's License Holders

PLEASE READ AND COMPLETE.

Applicant Information (Please Print): *Indicates a required field

Driver License Number*	Date of Birth (Month/Day/Year)*	Current Medical Certificate Expiration Date (Month/Day/Year)*	
First Name*	Middle Name	Last Name*	Suffix
You must provide either a Contact Phone Number or Email Address	Contact Phone Number		
	Email Address**		

Certification: Select one of the following four options:

I am qualified to operate a commercial motor vehicle*

- Interstate and have a valid medical examiner's certificate. (NI)
- Intrastate (within MD) **OR** I am under the age of 21 **OR** I have an approved MVA CDL Medical Waiver. (NA)
- Interstate and am exempt from obtaining a medical examiner's certificate. (EI)
- Intrastate (within MD) and meet all applicable MD State requirements. (EA)

I certify, under penalty of perjury that the statements made by me on this application are true and correct to the best of my knowledge, information and belief.

Signature

Date