



**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)* | Medical Certificate Expiration (Most Recent Issued Card)<br>Date (Month/Day/Year)*<br><br>MM/DD/YYYY |        |
| First Name*   | Middle Name                     | Last Name*   | Suffix |
| **You must provide either a <b>Contact Phone Number</b> or <b>Email Address</b> | 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