



Maryland Motor Vehicle Administration

6601 Ritchie Highway, N.E.
Room 145, Attn: CDL Med Cert
Glen Burnie, MD 21062

Driving Certification for Maryland Commercial Driver's License Holders

PLEASE READ AND COMPLETE.

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

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

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