



STATE OF CONNECTICUT



DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
60 STATE ST. WETHERSFIELD, CT 06161-1013
dmv.suspension@ct.gov
<http://ct.gov.dmv>
860-263-5720

INTRASTATE MEDICAL WAIVER APPLICATION

THIS APPLICATION REQUIRES SPECIFIC INFORMATION BE SUBMITTED TO THE AGENCY FOR REVIEW SUCH AS MEDICAL EXAMS, EMPLOYMENT, DRIVING EXPERIENCE, AND MOTOR VEHICLE DRIVING HISTORY.

If you have been licensed in Connecticut for less than 3 years, you must indicate the prior state that you were licensed in along with the credential number and submit a certified copy (dated within the last 90 days) of your driving history from that state. If you have been involved in any motor vehicle crashes or were convicted of any moving violations you must provide documentation such as crash or accident reports, copies of citations, or court records, etc. Applicant to complete all parts of this application and include additional documentation where required and send to mailing or email address provided above.

PART 1. APPLICANT INFORMATION (PLEASE PRINT)

NEW RENEWAL

WAIVER TYPE: VISION SEIZURE

LIMB HEARING (Submit MCSA-5875)

APPLICANT NAME (LAST, FIRST, MI)

DATE OF BIRTH

MAILING ADDRESS (NUMBER, STREET NAME, APT #)

PHONE #

CITY, TOWN, STATE, ZIP

E-MAIL ADDRESS

CT. LICENSE NUMBER

PRIOR ST AND LICENSING NUMBER (If Ct. license held less than three years)

MOTOR CARRIER/CO-APPLICANT (if applicable)

NAME

PHONE #

ADDRESS (NUMBER AND STREET NAME)

E-MAIL ADDRESS

CITY, STATE, ZIP

AUTHORIZED AGENT SIGNATURE

CT LICENSE NUMBER _____

NAME _____

PLEASE CHECK ALL THAT APPLY IN THE BOXES BELOW:

WHAT TYPE OF LICENSE DO YOU CURRENTLY HOLD?

Commercial Driver's License (CDL)
 Public Passenger Endorsement (PPE)
 Non-Commercial (Class D)

ARE YOU APPLYING NOW FOR A CDL?

YES NO

ARE YOU APPLYING NOW FOR A PPE?

YES NO

ARE YOU CURRENTLY?

SELF-EMPLOYED

MOTOR CARRIER EMPLOYED

UNEMPLOYED

NAME, ADDRESS AND PHONE NUMBER OF CURRENT EMPLOYER _____

DRIVING EXPERIENCE: NUMBER OF YEARS DRIVING EACH APPLICABLE TYPE OF VEHICLE:

BUS _____ STRAIGHT TRUCK _____ TRACTOR-TRAILER COMBINATION _____

PASSENGER VEHICLE (NON-CDL) _____ OTHER (SPECIFY e.g, BOX TRUCK, VAN etc.) _____

PART 2. TYPE OF VEHICLE YOU WILL BE OPERATING IN THE STATE OF CONNECTICUT

Describe the type of operator for the driver; owner operator, motor carrier employed etc. _____

Describe the vehicle you will be operating; straight truck, truck tractor, bus, taxi, cargo van, etc. _____

If vehicle is capable of carrying passengers, you must indicate the seating capacity of the passengers including the driver. _____

If known, indicate the make, year, and model of the vehicle being operated. _____

Gross vehicle Weight Rating (GVWR) of vehicle being operated. _____

Transmission type (automatic or manual) _____ # of forward speeds _____

If equipped with auxiliary transmission indicate:

of forward speeds _____ rear axle speed (single, 2speed, 3speed) _____

Type of brake system. _____

Steering (manual or power assisted). _____

Number of semitrailers or full trailers to be towed at one time. _____

Description of trailer(s); flatbed, cargo, tank, lowboy, pole, dump etc. _____

What type of cargo or commodities will be transported? _____

How many years have you been driving this particular vehicle? _____

How many hours per week will you be driving during daylight? _____

How many hours per week will you be driving during nighttime? _____

CT LICENSE NUMBER _____

NAME _____

APPLICANT CERTIFICATION: I hereby certify that I am otherwise qualified under the Federal Motor Carrier Safety Regulations 49CFR391.41(b)(1-13) Qualifications of Drivers, and in accordance with the Connecticut General Statutes, the Regulations of Connecticut State Agencies, and the standards and procedures adopted by the Department of Motor Vehicles. I also hereby release to DMV any medical information necessary to determine my fitness to operate a commercial motor vehicle. Pursuant to Sections 14-110 and 53a157b of the Connecticut General Statutes, I swear under penalty of deliberate and false statement that the information contained in this document and any attachments hereto, is true and correct.

APPLICANT SIGNATURE _____

DATE _____

MOTOR CARRIER AUTHORIZED AGENT CERTIFICATION: I hereby certify that the above applicant is otherwise qualified under the Federal Motor Carrier Safety Regulations 49CFR391.41(b)(1-13) Qualifications of Drivers and in accordance with the Connecticut General Statutes, the Regulations of Connecticut State Agencies and the standards and procedures adopted by the Department of Motor Vehicles. Pursuant to Sections 14-110 and 53a157b of the Connecticut General Statutes, I swear under penalty of deliberate false statement, that the information contained in this document and any attachments hereto, is true and correct.

NAME AND TITLE OF MOTOR CARRIER AUTHORIZED AGENT (PRINT) _____

AGENT SIGNATURE _____

DATE _____