



Texas Commercial Driver License Self-Certification Affidavit



Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

Last Name	First Name	Middle Name	Maiden Name
Driver License Number	Birth Date	Social Security Number	

I certify my commercial transportation is:

- ☐ Category 1. Non-excepted Interstate. I operate or expect to operate in interstate commerce, am both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45. *(CDL-4, CDL-10 box 7, medical certificate is required)*
- ☐ Category 2. Excepted Interstate. I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*
- ☐ Category 3. Non-Excepted Intrastate. I operate or expect to operate in intrastate commerce, and am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*
- ☐ Category 4. Excepted Intrastate. I operate or expect to operate in intrastate commerce, and engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a, CDL-10 box 10 or box 11)*

I certify that I have read, understand and meet the above checked categories for a commercial driver license.

Signature

Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

Email (pdf format only): CDLMedCert@dps.texas.gov

Fax: 512-424-2002

Mail: Texas Department of Public Safety

Enforcement & Compliance Service

Attention: CDL Section

P.O. Box 4087

Austin, Texas 78773

General Information
A Guide for Commercial Driver's License (CDL) Holders
New Medical Certification Requirements

All CDL holders must provide a Self-Certification affidavit (CDL-7) no later than January 30, 2014 to the Department identifying the type of commercial motor vehicle operation in which they plan to operate. CDL holders operating in non-excepted interstate and non-excepted intrastate will be required to submit a current medical examiner's certificate and any variance they may have to the Department. Drivers who are required to have a medical examiner's certificate and fail to maintain a current medical certificate with the Department may lose their CDL.

1) What is changing? Texas will now collect your medical certificate information at the time of your commercial driver license transaction.

2) What is not changing? The driver physical qualification requirements will not change.

3) When does this change start? This change begins March 5, 2012.

4) What are CDL holders required to do?

1. You must determine the type of commerce in which you operate and self-certify to one of the following four categories (see list below).

- **Interstate non-excepted:** You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements (e.g. – you are “not excepted”).
- **Interstate excepted:** You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements.
- **Intrastate non-excepted:** You are an Intrastate non-excepted driver and are required to meet the DOT medical requirements.
- **Intrastate excepted:** You are an Intrastate excepted driver and do not have to meet the DOT medical requirements.

2. If you are subject to the Department of Transportation (DOT) medical card requirements, provide a copy of each new DOT medical card to the Department prior to the expiration of the current DOT medical card.

5) How do you determine the type of commerce in which you plan to operate? Read the information for DOT medical certificate requirements located at <http://www.txdps.state.tx.us/DriverLicense/medCertReq.htm>.

6) How can you comply with the new requirements? If you are applying for a new commercial driver license, or plan on renewing or obtaining a replacement before January 30, 2014, be sure to bring your DOT medical card if you have one, when you come to your local driver license office.

If you are a current commercial driver license holder and do not need to renew or obtain a replacement before January 30, 2014, print and complete a copy of the self-certification form (CDL-7) located on our website, and mail, fax, or email the self-certification form to the contact information below. If you are required to maintain a DOT medical certificate, be sure to send a copy of that and any variance you may have along with the Self-Certification affidavit.

7) What if you have renewed your DOT medical certificate since the last time you sent one in to the Department? To prevent your commercial driver license from being downgraded, you will need to send a copy of the new DOT medical certificate to the Department within 15 days of the DOT medical certificate issuance date.

8) How to submit your medical certificates?

Self-Certification affidavits (CDL-7) and DOT medical certificate information can be submitted to the Department through one of the following:

Mail: Texas Department of Public Safety
Enforcement & Compliance Service
Attention: CDL Section
PO Box 4087
Austin, Texas 78773

Fax: 512-424-2002/Attention: CDL Section

Email: CDLMedCert@dps.texas.gov (Must be in pdf format)

QUALIFICATIONS OF INTERSTATE DRIVER CERTIFICATION

CDL-4 (Rev. 9/99)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME		/FIRST NAME		/MIDDLE NAME		/MAIDEN NAME	
DRIVER LICENSE NUMBER		BIRTH DATE			SOCIAL SECURITY NUMBER		
		MO.	DAY	YEAR	AGE NOW		

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in interstate or Foreign commerce, you must certify to and meet the qualifications as taken from Federal Rule 49 C.F.R., Part 391.

Interstate Commerce means trade, traffic, or transportation in the United States which is between a place in a State and a place outside of such State (including a place outside of the United States) or is between two places in a State through another State or a place outside of the United States.

I certify that I:

- a. am at least 21 years of age.;
- b. can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
- c. am not disqualified to drive a motor vehicle.

I further certify that I:

1. Have no loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
2. Have no impairment of:
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver.
3. Have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
4. Have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
5. Have no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
6. Have no current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
7. Have no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
8. Have no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
9. Have no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

(OVER)

11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
12. Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
13. Have no current clinical diagnosis of alcoholism.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS FOR COMMERCIAL MOTOR VEHICLE DRIVERS IN INTERSTATE OR FOREIGN COMMERCE. I FURTHER CERTIFY THAT I MEET ANY OTHER APPLICABLE PROVISIONS AS REQUIRED BY 49 CFR PART 391.11.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

DEPARTMENT USE ONLY

() WAIVER PRESENTED

CERTIFICATION OF PHYSICAL EXEMPTION 49 CFR PART 391/390

CDL-10 (Rev. 9/99)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME	/FIRST NAME	/MIDDLE NAME	/MAIDEN NAME
DRIVER LICENSE NUMBER	BIRTH DATE		SOCIAL SECURITY NUMBER
	MO.	DAY	YEAR
			AGE NOW

INSTRUCTIONS: In order to claim physical exemption from 49 Code of Federal Regulations (CFR) Part 391/390 you must meet and certify to the following qualification requirements.

I certify that I:

- a. Am at least 18 years of age.
- b. Am not disqualified to operate a motor vehicle.

I certify that I am exempt from the physical provisions of 49 CFR, Part 391/390 as I will operate a commercial motor vehicle only in the following capacity. Check the appropriate box(es):

- ☐ School bus drivers employed by a private or parochial school and school bus drivers employed by a company that operates school buses under contract with a school are exempt from 49 CFR, Part 391/390, while transporting school children and/or school personnel from home to school and from school to home;
- ☐ Transportation performed by the Federal Government, a state, or any political subdivision of a state (this includes school bus drivers employed directly by a school district), or any agency established under a compact between states that has been approved by the Congress of the United States;

Drivers who claim an exemption under either one of the provisions listed above and who are seeking to obtain or maintain employment as a school bus driver must undergo and pass an annual physical examination as required by V.C.S. Art. 6687b, Section 5(a), recodified as Texas Transportation Code Ann., Section 521.022 (1996).

- ☐ The occasional transportation of personal property by individuals not for compensation nor in the furtherance of a commercial enterprise;
- ☐ The transportation of human corpses or sick and injured persons;
- ☐ The private transportation of passengers.
- ☐ Persons operating fire trucks and rescue vehicles while involved in emergency and related operations. (These are persons not exempted from CDL because they are not an employee of a political subdivision nor are they volunteer fire fighters.)
- ☐ Intracity zone drivers with limited exception from 49 CFR, Part 391/390 who possess a DOT medical examiner's certificate restricted to intracity operation. (Medical certificate must be presented to DPS employee at time of application.)
- ☐ The transportation of farm machinery, supplies, or both to or from a farm for custom-harvesting operations on a farm or the transporting of custom-harvested operations to storage or market.
- ☐ Drivers operating motor vehicles controlled and operated by a beekeeper engaged in the seasonal transportation of bees.
- ☐ The operation of a vehicle operated intrastate and used in oil or water well servicing or oil or water well drilling and which is constructed as a machine consisting, in general, of a mast, an engine for power, a draw works, and a chassis permanently constructed or assembled for such purpose. (CDL must be restricted to intrastate.)
- ☐ The operation of a mobile crane that is an unladen self-propelled vehicle constructed as a machine used to raise, shift, or lower weights. (CLD must be restricted to intrastate.)

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE QUALIFICATIONS FOR PHYSICAL EXEMPTION FROM 49 CFR, PART 391/390.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

QUALIFICATIONS OF INTRASTATE DRIVER CERTIFICATION AND EXEMPTION

CDL-5 (Rev. 11/02)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME		
DRIVER LICENSE NUMBER	BIRTH DATE		SOCIAL SECURITY NUMBER		
	MO.	DAY	YEAR	AGE NOW	

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in intrastate commerce, you must certify to and meet the following qualifications as taken from 49 Code of Federal Regulations (CFR), Part 391, and the Texas Transportation Code, Chapter 522.

Intrastate commerce is the transportation of property (a commodity) where the point of origin and destination are totally within one state and no state line or international boundary is crossed. The Bill of Lading will be an indicator as to whether a shipment or commodity is interstate or intrastate. If there is no Bill of Lading, the origin and destination of the shipment will be an indicator.

I certify that I:

- a. Am at least 18 years of age
- b. Am not disqualified to drive a motor vehicle.

I further certify that I: (check the appropriate box)

☐

- a. Am a driver who operates a commercial motor vehicle in intrastate commerce, not transporting property requiring a hazardous material placard, and was regularly employed operating a commercial motor vehicle in Texas prior to August 28, 1989 and am not required to meet the medical standards set forth in the Federal Motor Carrier Safety Regulations.

Drivers who claim this exemption and who are seeking to obtain or maintain employment as a school bus driver must undergo and pass an annual physical examination as required by V.C.S. Article 6687b, Section 5(a), recodified as Texas Transportation Code Ann., Section 521.022 (1996).

☐

- b. Meet the physical qualifications of 49 CFR, Part 391, as follows:
1. Have no loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
 2. Have no impairment of:
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver.
 3. Have no established medical history or clinical diagnosis of diabetes melitus currently requiring insulin for control;
 4. Have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by suncope, dyspnea, collapse, or congestive cardiac failure.
 5. Have no established medical record history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
 6. Have no current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
 7. Have no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
 8. Have no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
 9. Have no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
 10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber; or have been granted a waiver.

(OVER)

11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 55 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
12. Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
13. Have no current clinical diagnosis of alcoholism.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS FOR COMMERCIAL MOTOR VEHICLE DRIVERS IN INTRASTATE COMMERCE. I FURTHER CERTIFY THAT I WILL OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

DEPARTMENT USE ONLY

Waiver Presented:

() LIMB
() VISION