(Joint Application - Company and Driver)

APPLICATION
INTRASTATE MEDICAL WAIVER

Instructions

This application is to apply for a medical waiver of the Michigan Motor Carrier Safety Act, under the provision of MCL 480.13, for a driver not physically qualified to drive under 49 CFR 391.41. An incomplete application may result in processing delays. Providing false or misleading information could result in the denial of a waiver.

The following items must be submitted:

1. Not less than two reports of medical examinations, conducted within the preceeding 60 days of the date of the application made pursuant to 49 CFR 391.43, which include the medical examiner's opinion concerning the individual applicant's ability to safely operate a vehicle of the type the applicant intends to drive.

    a. One medical examination report for commercial driver fitness determination shall be conducted by a medical examiner knowledgable in the Federal Motor Safety Regulations.

    b. Two additional medical statement of examination forms may be required based on the disqualification(s) pursuant to 49 CFR 391.41:

        i. Physician's Statement of Examination (MC-028)

        ii. Vision Specialist's Statement of Examination (MC-029)

2. A copy of the applicant's official driving record from the Secretary of State, listing accidents, driving arrests, license suspensions, revocations or withdrawls, and convictions within the last 5 years.

3. A copy of the driver's application for employment.

4. Copies of all crash reports within the last five years.

It is the employer's responsibility to evaluate the driver for non-driving, safety related job tasks associated with the type of trailer(s) used, as well as any other non-driving safety or job related tasks unique to the operations of the employer.

Except as provided in 49 CFR 391.31, subpart G, a person shall not drive a commercial motor vehicle unless he or she has first successfully completed a road test and has been issued a certificate of driver's road test in accordance with 49 CFR 391.31.

Mail completed application and other required items to:

Michigan Department of State Police
Traffic Safety Division
Medical Waiver Unit
P.O. Box 30634
Lansing, Michigan 48909-0634

Questions regarding this form should be directed to the Medical Waiver Unit at (517) 241-0542

AUTHORITY:	1963 PA 181
COMPLIANCE:	Mandatory. State civil infraction penalty if driver operates without medical certification or waiver.

I. Employer and Driver Information

Employer's Name (Company)		Phone Number	USDOT Number
Address	City	State	Zip
Driver's Name (Last, First, Middle)		Phone Number	
Home Address	City	State	Zip
Date of Birth	Driver's License Number		

II. Driving Conditions

Select Disqualifying Condition(s) in order of importance: (Reason for Waiver)

First Condition ☐ Second Condition ☐ Third Condition ☐

If other, please specify:

Vehicle Information:

Power Unit	Trailer	Transmission	Brakes	Steering
☐ Truck	☐ Semi	☐ Automatic	☐ Air	☐ Manual
☐ Truck-Tractor	☐ Doubles	☐ Manual	☐ Hydraulic	☐ Power
☐ Bus	☐ Full			
☐ Van				

Trailer/Cargo Body ☐

GVW/CGVWR ☐

Describe necessary vehicle modifications (attach photo at end of form, if necessary).

Areas of Operation by frequency of operation:

First Area of Operation ☐ Second Area of Operation ☐ Third Area of Operation ☐

Maximum Daily Milage ☐

Type of Roads

☐ X-Way ☐ State Highways

☐ City Streets ☐ Country Roads

On-Duty Driving

☐ Daylight

☐ Darkness

Commodities/Cargo to be transported

Years of experience driving vehicle described above

Years of experience operating commercial vehicles

Driver's duties in loading, unloading, and securement of cargo

III. Agreement and Certification

If this waiver is granted, we agree to the following conditions:

1. Applicant will only drive in the State of Michigan.
2. Applicant will not transport any interstate commodities.
3. Waiver is valid only while the applicant is employed by the employer listed above.
4. Employer will promptly file such reports as required by the Michigan State Police.

We hereby certify the following:

1. The applicant is otherwise qualified to drive a motor vehicle under provisions of 49 CFR Part 391.
2. The above information is true.

Company Official (Printed Name)	Title
Signature X	Date
Driver (Printed Name)	
Signature X	Date