

Self-Certification Affidavit

Name: _____ Date of Birth: _____
Last First Middle

Delaware Driver License Number: _____

Home Phone: _____ Cell Phone: _____

Are you submitting a copy of your medical certificate? YES NO (please circle one)

(Note: Only Class A, B or C CDL holders selecting Category 1 must submit a copy of the medical certificate.)

Please select only one of the following Self-Certification categories below.

I certify my commercial transportation is:

Category 1-Non Excepted Interstate; Interstate commerce driver and subject to 49 CFR 391 and required to obtain certificate by 49 CFR 391.45. (*Medical certificate and affidavit must be submitted.*)

*** If you fall under any of the below categories while also operating a vehicle that falls under category 1, you must select category 1.**

Category 2-Excepted Interstate; Interstate commerce driver operating *exclusively* in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, 398.3. (*Only the affidavit must be submitted.*)

Category 3- Non-Excepted Intrastate; Intrastate *only* commerce driver subject to State driver qualification requirements. (*Must present to DMV to obtain a new license document with "K" restriction if your license does not already have one.*)

Category 4- Excepted Intrastate; (**Non-CDL Holder Class A or B Only**) Intrastate only commerce driver who is excepted from all or parts of the State driver qualification requirements.

Driver Signature

Date

Please email, mail or fax the Medical Examiner Certificate and Self-Certification to:

Email: DOT_DECCLMEDCERT@state.de.us

Mail: Delaware Division of Motor Vehicles
Attn: CDL Department
P.O. Box 698
Dover, DE 19903

Fax: (302)739-2602 Attn: CDL Department
(Please ensure that all information is legible on the documents you are faxing)