



STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES



60 STATE STREET WETHERSFIELD, CONNECTICUT 06161-2530
On The Web At ct.gov/dmv

STATE MEDICAL WAIVER APPLICATION

PART 1 APPLICANT INFORMATION

APPLICANT'S NAME <i>(Last)</i> <i>(First)</i> <i>(Initial)</i>	APPLICATION TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	TYPE OF VARIANCE <input type="checkbox"/> DIABETES <input type="checkbox"/> LIMB
ADDRESS <i>(Number and Street)</i>	OPERATOR LICENSE NUMBER	<input type="checkbox"/> VISION <input type="checkbox"/> OTHER
<i>(City/Town)</i> <i>(State)</i> <i>(Zip Code)</i>	DATE OF BIRTH	TELEPHONE NUMBER

EXPERIENCE: NUMBER OF YEARS DRIVING EACH TYPE OF VEHICLE

_____ BUSES _____ STRAIGHT TRUCKS _____ TRACTOR-TRAILER COMBINATIONS _____ OTHER

PART 2 MOTOR CARRIER/CO-APPLICANT INFORMATION

UNEMPLOYED (SKIP TO SECTION 4)

MOTOR CARRIER'S NAME	U.S. DOT NUMBER
ADDRESS <i>(Number and Street)</i>	CONTACT PERSON <i>(Print)</i>
<i>(City/Town)</i> <i>(State)</i> <i>(Zip Code)</i>	TELEPHONE NUMBER

PART 3 TYPE OF OPERATION IN CONNECTICUT (MUST BE COMPLETED IN ITS ENTIRETY)

DESCRIPTION OF VEHICLES APPLICANT WILL OPERATE IN CONNECTICUT:

AVERAGE PERIOD OF TIME APPLICANT WILL BE DRIVING AND/OR ON DUTY, PER DAY	TYPE OF COMMODITIES OR CARGO TO BE TRANSPORTED
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FOR PASSENGER-CARRYING VEHICLE(S), SEATING CAPACITY OF VEHICLE(S):

TYPE OF BRAKE SYSTEM:

TRANSMISSION TYPE
 AUTOMATIC MANUAL, NUMBER OF SPEEDS _____

AUXILIARY TRANSMISSION NO YES IF YES, NUMBER OF FORWARD SPEEDS _____

REAR AXLE

SINGLE SPEED TWO SPEED THREE SPEED

STEERING

MANUAL POWER ASSISTED

DESCRIPTION OF TYPE(S) OF TRAILER(S)

CARGO TANK DROP FRAME FLATBED LOWBOY POLE VAN OTHER

PART 4. CERTIFICATION

MOTOR CARRIER'S AUTHORIZED AGENT'S CERTIFICATION: I hereby certify that the above applicant is qualified under the Federal Motor Carrier Safety regulations, Part 391, 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.

NAME AND TITLE OF MOTOR CARRIER'S AUTHORIZED AGENT *(Print)*

SIGNATURE X	DATE
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APPLICANT'S CERTIFICATION: I hereby certify that I am qualified under the Federal Motor Carrier Safety regulations, Part 391, 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.

APPLICANT'S SIGNATURE X	DATE
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MAIL TO: Department of Motor Vehicles, Driver Services Division, 60 State Street, Wethersfield, CT 06161