

**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 mail or fax the Medical Examiner Certificate and Self-Certification to:

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)