



**Driving Certification for Maryland Commercial Driver's License Holders**

**PLEASE READ AND COMPLETE.**

**Applicant Information (Please Print):** \*Indicates a required field

Driver License Number*	Date of Birth (Month/Day/Year)*	Medical Certificate Expiration (Most Recent Issued Card) Date (Month/Day/Year)*  MM/DD/YYYY	
First Name*	Middle Name	Last Name*	Suffix
**You must provide either a <b>Contact Phone Number</b> or <b>Email Address</b>	Contact Phone Number**		
	Email Address**		

**Certification:** Select one of the following four options:

**I am qualified to operate a commercial motor vehicle\***

- Interstate and have a valid medical examiner's certificate. (NI)
- Intrastate (within MD) **OR** I am under the age of 21 **OR** I have an approved MVA CDL Medical Waiver. (NA)
- Interstate and am exempt from obtaining a medical examiner's certificate. (EI)
- Intrastate (within MD) and meet all applicable MD State requirements. (EA)

**I certify, under penalty of perjury that the statements made by me on this application are true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date