

Self-Certification Form PDF

Personal Information

- Full Name: _____
- CDL License Number: _____
- State of Issuance: _____
- Address: _____
- Contact Number: _____
- Email Address: _____

Self-Certification Details

- I certify that I operate my commercial vehicle under the following category (check one):
 - Interstate Non-Excepted
 - Interstate Excepted
 - Intrastate Non-Excepted
 - Intrastate Excepted

Medical Certification

- Do you have a valid Medical Examiner's Certificate? Yes No
- Expiry Date of Medical Certificate: _____

Declaration

I, _____, declare that the information provided above is accurate and truthful to the best of my knowledge.

Signature: _____

Date: _____

For Office Use Only

Verified By	Date Verified	Comments	Approved <input type="checkbox"/> / Rejected <input type="checkbox"/>