

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_DECDLMEDCERT@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)